ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Yukiharu

2. Surname (Last Name)  
   Hasegawa

3. Date  
   06-December-2013

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Eccentric Rotational Acetabular Osteotomy for Acetabular Dysplasia and Osteoarthritis - 20-year follow-up

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ No

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Shinji

2. Surname (Last Name)  
   Kitamura

3. Date  
   03-April-2014

4. Are you the corresponding author?  
   - [ ] Yes  
   - ✔ No

Corresponding Author's Name  
Yukiharu Hasegawa

5. Manuscript Title  
   Eccentric rotational acetabular osteotomy (ERAO) for acetabular dysplasia and osteoarthritis -20-year follow-up-

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Are there any relevant conflicts of interest?  
- [ ] Yes  
- ✔ No

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Dr. Iwase has nothing to disclose. Dr. Kitamura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Masashi

2. Surname (Last Name)  
   Kawasaki

3. Date  
   03-April-2014

4. Are you the corresponding author?  
   Yes [ ]  No [x]  
   Corresponding Author’s Name  
   Yukiharu Hasegawa

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Dr. Kawasaki has nothing to disclose.

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1. Given Name (First Name)  Jin
2. Surname (Last Name)  Yamaguchi
3. Date  03-April-2014
4. Are you the corresponding author?  No
   Corresponding Author's Name  Yukiharu Hasegawa
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Yamaguchi
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2. Surname (Last Name)  
   Iwase

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Dr. Iwase has nothing to disclose.

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