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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   K. C. Geoffrey

2. Surname (Last Name)  
   Ng

3. Date  
   14-February-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Jonathan Jeffers

5. Manuscript Title  
   Capsular ligament function after total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jonathan

2. **Surname (Last Name)**
   - Jeffers

3. **Date**
   - 14-February-2017

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

5. **Manuscript Title**
   - Capsular ligament function after total hip arthroplasty

6. **Manuscript Identifying Number (if you know it)**

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

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   - No [ ]

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   - Yes [✓]  
   - No [ ]

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☐ No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Richard

2. Surname (Last Name)  
   van Arkel

3. Date  
   13-February-2017

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

   Corresponding Author’s Name  
   Jonathan Jeffers

5. Manuscript Title  
   Capsular ligament function after total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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<td>Muirhead-Allwood</td>
<td>15-February-2017</td>
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4. Are you the corresponding author? [Yes] [No] ✔

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<td>Jonathan Jeffers</td>
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Muirhead-Allwood
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Dr. Muirhead-Allwood has nothing to disclose.

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