ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tbody>
<tr>
<td>William</td>
<td>Acker</td>
<td>21-May-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name
Frances A. Farley

5. Manuscript Title
A Case of Septic Arthritis of the Hip in the Setting of Hemophagocytic Lymphohistiocytosis

6. Manuscript Identifying Number (if you know it)

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

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [X] No
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**Section 5. Relationships not covered above**

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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**Section 6. Disclosure Statement**

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Dr. Acker has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  Frances
2. Surname (Last Name)  Farley
3. Date  24- November- 2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
A Case of Septic Arthritis of the Hip in the Setting of Hemophagocytic Lymphohistiocytosis

6. Manuscript Identifying Number (if you know it)

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Dr. Farley has nothing to disclose.

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<tr>
<td>Hilary</td>
<td>Haftel</td>
<td>20-November-2014</td>
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4. Are you the corresponding author? [Yes] [No] ✔

5. Manuscript Title
A Case of Septic Arthritis of the Hip in the Setting of Hemophagocytic Lymphohistiocytosis

6. Manuscript Identifying Number (if you know it)

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Dr. Haftel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nathan
2. Surname (Last Name) Jacobson
3. Date 17-November-2014
4. Are you the corresponding author? ☑ Yes
5. Manuscript Title
A Case of Septic Arthritis of the Hip in the Setting of Hemophagocytic Lymphohistiocytosis
6. Manuscript Identifying Number (if you know it)

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Dr. Jacobson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Lee

3. Date  
   17-November-2014

4. Are you the corresponding author?  
   □ Yes  ☑ No
   Corresponding Author’s Name  
   Frances A. Farley

5. Manuscript Title  
   A Case of Septic Arthritis of the Hip in the Setting of Hemophagocytic Lymphohistiocytosis

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Dr. Lee has nothing to disclose.

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Grant: A grant from an entity, generally (but not always) paid to your organization

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
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1. Given Name (First Name)  
   STAR

2. Surname (Last Name)  
   NIXON

3. Date  
   19-November-2014

4. Are you the corresponding author?  
   Yes  ❑ No

Corresponding Author's Name  
BRIAN ACKER

5. Manuscript Title  
   A Case of Septic Arthritis of the Hip in the Setting of Hemophagocytic Lymphohistiocytosis

6. Manuscript Identifying Number (if you know it)

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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.)?

Are there any relevant conflicts of interest?  
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Dr. NIXON has nothing to disclose.

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