ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<td>2. Surname (Last Name)</td>
<td>Fillingham</td>
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<td>3. Date</td>
<td>08-July-2014</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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<tr>
<td>Corresponding Author's Name</td>
<td>Gregory Cvetanovich</td>
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<td>5. Manuscript Title</td>
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Are there any relevant conflicts of interest? Yes | No

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Are there any relevant conflicts of interest? Yes | No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes | No
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Dr. Fillingham has nothing to disclose.

**Evaluation and Feedback**

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Cvetanovich

3. Date  
   08-July-2014

4. Are you the corresponding author?  
   ✔ Yes   ☐ No

5. Manuscript Title  
   Two cases of early intraprosthetic dislocation of a dual mobility total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
Craig  

2. Surname (Last Name)  
Della Valle  

3. Date  
08-July-2014  

4. Are you the corresponding author?  
☐ Yes  ☑ No  

Corresponding Author’s Name  
Gregory Cvetanovich  

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

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1. Given Name (First Name)  Scott
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4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
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- [x] No

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