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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Drew

2. Surname (Last Name)  
   Moore

3. Date  
   28-May-2014

4. Are you the corresponding author?  
   No

   Corresponding Author's Name  
   Kevin Baker

5. Manuscript Title  
   Hydatid Disease of the Femur Treated with a Total Femur Replacement

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.)?

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

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Section 1. Identifying Information

1. Given Name (First Name)  Kevin
2. Surname (Last Name)  Baker
3. Date  11-January-2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  Hydatid Disease of the Femur Treated with a Total Femur Replacement
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>☐</td>
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<tr>
<td>Kimberly</td>
<td>Les</td>
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