ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  
   Andrea

2. Surname (Last Name)  
   D’Arrigo Azzarelli

3. Date  
   10-April-2017

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Antonio Arenas

5. Manuscript Title  
   Simultaneous Ipsilateral Dislocation Of The Hip And Knee

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. D'Arrigo Azzarelli has nothing to disclose.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Antonio</td>
<td>Arenas Miquelez</td>
<td>29-January-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [ ] Yes  
- [x] No

5. Manuscript Title
   
   Simultaneous Ipsilateral Dislocation Of The Hip And Knee

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- [x] No

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- [x] No

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Dr. Arenas Miquelez has nothing to disclose.

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   Filippo

2. Surname (Last Name)  
   Familiar

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   Antonio Arenas

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   Lucas

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   Arbeloa

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