

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)
John

2. Surname (Last Name)
Stelzer

3. Date
26-November-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Successful Collaborative Approach to the Perioperative Management after Hip Arthroscopy of a Patient with Heterozygous Prothrombin G20210A Mutation

6. Manuscript Identifying Number (if you know it)

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Dr. Stelzer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Colin

2. Surname (Last Name)
Sieff

3. Date
26-November-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mark Nazal

5. Manuscript Title
A Successful Collaborative Approach to the Perioperative Management after Hip Arthroscopy of a Patient with Heterozygous Prothrombin G20210A Mutation

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Dr. Sieff has nothing to disclose.

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1. Given Name (First Name)
Ali

2. Surname (Last Name)
Parsa

3. Date
26-November-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Section 1. Identifying Information

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Scott

2. Surname (Last Name)
Martin

3. Date
26-November-2018

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Mark

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Nazal

3. Date
26-November-2018

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