ICMJE Form for Disclosure of Potential Conflicts of Interest

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**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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   ✔ No

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Dr. Stelzer has nothing to disclose.

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4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author’s Name  
   Mark Nazal

5. Manuscript Title  
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Dr. Sieff has nothing to disclose.

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Section 1. Identifying Information

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

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Section 1. Identifying Information
1. Given Name (First Name)
Scott
2. Surname (Last Name)
Martin
3. Date
26-November-2018
4. Are you the corresponding author?  
☑ Yes  [No

5. Manuscript Title
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Martin
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Mark

2. Surname (Last Name)  
Nazal

3. Date  
26-November-2018

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

5. Manuscript Title  
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