

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) DeRogatis	3. Date 05-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul Issack MD, PhD
5. Manuscript Title Acetabular Fracture Resulting From a Basketball Cutting Movement in a Young Adult Male: A Case Report		
6. Manuscript Identifying Number (if you know it)		

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Dr. DeRogatis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Issack

3. Date
05-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Acetabular Fracture Resulting From a Basketball Cutting Movement in a Young Adult Male: A Case Report

6. Manuscript Identifying Number (if you know it)

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Dr. Issack has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Arthur

2. Surname (Last Name)
Only

3. Date
05-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Paul Issack MD, PhD

5. Manuscript Title
Acetabular Fracture Resulting From a Basketball Cutting Movement in a Young Adult Male: A Case Report

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1. Given Name (First Name)

Thomas

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Sperring

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05-October-2018

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 Yes No

Corresponding Author's Name

Paul Issack MD, PhD

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