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) Sean
2. Surname (Last Name) Cahill
3. Date 03-December-2018
4. Are you the corresponding author? ☑ No
5. Manuscript Title Rotation Tibio-Pelvic Constrained Hip Arthroplasty: A Surgical Technique and Case Report
6. Manuscript Identifying Number (if you know it)

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Dr. Cahill has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Sean Cahill
2. Surname (Last Name)  Dussik
3. Date  03-December-2018
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Francis Y. Lee

5. Manuscript Title  Rotation Tibio-Pelvic Constrained Hip Arthroplasty: A Surgical Technique and Case Report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Dussik has nothing to disclose.

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1. Given Name (First Name)    Francis
2. Surname (Last Name)        Lee
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<tr>
<th>1. Given Name (First Name)</th>
<th>Kristin</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Yu</td>
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<td>3. Date</td>
<td>03-December-2018</td>
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Dr. Yu has nothing to disclose.

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