

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Catalin

2. Surname (Last Name)
Cirstoiu

3. Date
30-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cretu Bogdan

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Bogdan	2. Surname (Last Name) Serban	3. Date 30-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cretu Bogdan
5. Manuscript Title Failed Attempt of Total Hip Arthroplasty in a Patient with Klippel-Trenaunay Syndrome. A Case Report.		
6. Manuscript Identifying Number (if you know it) CC-D-19-00103		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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