ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Christopher</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Melnic</td>
</tr>
<tr>
<td>3. Date</td>
<td>02-July-2019</td>
</tr>
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<td>4. Are you the corresponding author?</td>
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| 5. Manuscript Title         | Case Report: Catastrophic Failure of a Minihip Femoral Stem |
| 6. Manuscript Identifying Number (if you know it) | CC-D-19-00270 |

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ✔ No

Christopher Melnic
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Dr. Melnic has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Hany

2. Surname (Last Name)  
Bedair

3. Date  
02-July-2019

4. Are you the corresponding author?  
[ ] Yes  ✔ No

5. Manuscript Title  
Case Report: Catastrophic Failure of a Minihip Femoral Stem

6. Manuscript Identifying Number (if you know it)  
CC-D-19-00270

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Dr. Bedair has nothing to disclose.

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1. Given Name (First Name)  
   JoAnn  

2. Surname (Last Name)  
   Lee  

3. Date  
   02-July-2019  

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

   Corresponding Author’s Name  
   Christopher Melnic  

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1. Given Name (First Name)  
   Maureen

2. Surname (Last Name)  
   Dwyer

3. Date  
   02-July-2019

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   Yes [✓]  No [ ]

   Corresponding Author’s Name  
   Christopher Melnic

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