ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
<td>John</td>
<td>Scanaliato</td>
<td>05-May-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Reducing the “irreducible” total hip arthroplasty dislocation with a fracture table

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00162R1

## Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Reich

3. Date  
   28-June-2019

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Reducing the “irreducible” total hip arthroplasty dislocation with a fracture table

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00162R2

### Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Eckhoff

3. Date  
   27-June-2019

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

5. Manuscript Title  
   Reducing the “irreducible” total hip arthroplasty dislocation with a fracture table

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Dr. Eckhoff has nothing to disclose.

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<tr>
<td>Phillip</td>
<td>Schneider</td>
<td>28-June-2019</td>
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   - No  
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