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)
   Michelle
2. Surname (Last Name)
   Dowsey
3. Date

4. Are you the corresponding author?  
   ☐ Yes  ☑ No
   Corresponding Author’s Name

5. Manuscript Title
   Is Older Age a Barrier to Primary Total Hip and Knee Arthroplasty for Osteoarthritis? - A Systematic Review

6. Manuscript Identifying Number (if you know it)
   17.00077

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 limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

Section 3. Relevant financial activities outside the submitted work.

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If yes, please fill out the appropriate information below.

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Choong

3. Date

4. Are you the corresponding author?  
   ✔ Yes   No

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### Identifying Information

1. **Given Name (First Name)**
   - Benjamin

2. **Surname (Last Name)**
   - Murphy

3. **Date**
   - 08-May-2017

4. **Is you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Is Age a Barrier to Total Hip and Knee Arthroplasty for Osteoarthritis? - A Review

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Mr. Murphy has nothing to disclose.

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