

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)
Lu

2. Surname (Last Name)
Chen

3. Date
30-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jianguang Zhang

5. Manuscript Title
Correlation between C-reactive protein/albumin and contralateral hip refracture after total hip arthroplasty in elderly patients with hip fractures

6. Manuscript Identifying Number (if you know it)
APM-20-855

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name)
Jianguang

2. Surname (Last Name)
Zhang

3. Date
30-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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1. Given Name (First Name) Wei	2. Surname (Last Name) Zhang	3. Date 30-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianguang Zhang
5. Manuscript Title Correlation between C-reactive protein/albumin and contralateral hip refracture after total hip arthroplasty in elderly patients with hip fractures		
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