

## ICMJE DISCLOSURE FORM

**Date:** 10.10.2021

**Your Name:** Rene Essomba

**Manuscript Title:** An eight-year audit of the clinical profile, surgical indications and therapeutic outcomes of total hip arthroplasty in a sub-Saharan Africa setting: a retrospective cohort study

**Manuscript number (if known):** JXYM-21-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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**Date:** 10.10.2021

**Your Name:** Suzanne Mondji

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Date: 10.10.2021

Your Name: Aimé Noula Mbonda

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Your Name: Florent Lekina

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Your Name: Bernadette Ngo Nonga

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