

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) Qingyu	2. Surname (Last Name) Zhang	3. Date 06-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jun Dong
5. Manuscript Title The yield of sonication fluid culture for presumed aseptic loosening of orthopedic devices: a meta-analysis		
6. Manuscript Identifying Number (if you know it) APM-20-1228		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Zhang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Yongming

2. Surname (Last Name)

Xi

3. Date

06-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jun Dong

5. Manuscript Title

The yield of sonication fluid culture for presumed aseptic loosening of orthopedic devices: a meta-analysis

6. Manuscript Identifying Number (if you know it)

APM-20-1228

Section 2.

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Are there any relevant conflicts of interest?

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Dr. Xi has nothing to disclose.

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1. Given Name (First Name) Dong	2. Surname (Last Name) Li	3. Date 06-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jun Dong
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Jun

2. Surname (Last Name)

Dong

3. Date

06-June-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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