

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jin	2. Surname (Last Name) Zhang	3. Date 19-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Sun, Wei Han
5. Manuscript Title Total hip arthroplasty for tuberculosis		
6. Manuscript Identifying Number (if you know it) APM-20-2544		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Liang	2. Surname (Last Name) Liang	3. Date 19-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Sun,Wei Han
5. Manuscript Title Total hip arthroplasty for tuberculosis		
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1. Given Name (First Name) Bo	2. Surname (Last Name) Yang	3. Date 19-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Sun,Wei Han
5. Manuscript Title Total hip arthroplasty for tuberculosis		
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1. Given Name (First Name) Jianyang	2. Surname (Last Name) Li	3. Date 19-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Sun,Wei Han
5. Manuscript Title Total hip arthroplasty for tuberculosis		
6. Manuscript Identifying Number (if you know it) APM-20-2544		

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Li

2. Surname (Last Name)

Sun

3. Date

19-December-2020

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Wei

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Han

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19-December-2020

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