

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) Canhua	2. Surname (Last Name) Ye	3. Date 16-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenwei Qian
5. Manuscript Title Femoral neck trapdoor procedure and allograft for the chondroblastoma of the femoral head		
6. Manuscript Identifying Number (if you know it) AOJ-16-30		

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Are there any relevant conflicts of interest? Yes No

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Dr. Ye has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Wenwei

2. Surname (Last Name)
Qian

3. Date
16-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Femoral neck trapdoor procedure and allograft for the chondroblastoma of the femoral head

6. Manuscript Identifying Number (if you know it)
AOJ-16-30

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Dr. Qian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chao	2. Surname (Last Name) Jiang	3. Date 16-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenwei Qian
5. Manuscript Title Femoral neck trapdoor procedure and allograft for the chondroblastoma of the femoral head		
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1. Given Name (First Name) Shibai	2. Surname (Last Name) Zhu	3. Date 16-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenwei Qian
5. Manuscript Title Femoral neck trapdoor procedure and allograft for the chondroblastoma of the femoral head		
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