

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Jing

2. Surname (Last Name)

Li

3. Date

05-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Helin Feng

5. Manuscript Title

Percutaneous femoroplasty with perioperative nursing consultation relieves pain in patients with metastatic hip tumor

6. Manuscript Identifying Number (if you know it)

AOJ-16-76

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Jin

2. Surname (Last Name)
Wang

3. Date
05-April-2017

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Corresponding Author's Name
Helin Feng

5. Manuscript Title

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Jianfa | 2. Surname (Last Name) Xu | 3. Date 05-April-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Helin Feng |
| 5. Manuscript Title Percutaneous femoroplasty with perioperative nursing consultation relieves pain in patients with metastatic hip tumor | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-16-76 | | |

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| | | |
|--|---|---|
| 1. Given Name (First Name) Jinming | 2. Surname (Last Name) Zhang | 3. Date 05-April-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Helin Feng |
| 5. Manuscript Title Percutaneous femoroplasty with perioperative nursing consultation relieves pain in patients with metastatic hip tumor | | |
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