

## 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) Mohetaer	2. Surname (Last Name) Momin	3. Date 05-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Cao
5. Manuscript Title Single-stage revision for chronic periprosthetic joint infection of the knee: a minimum 4-year follow-up		
6. Manuscript Identifying Number (if you know it) AOJ-17-42		

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Dr. Momin has nothing to disclose.

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1. Given Name (First Name) Guoqing	2. Surname (Last Name) Li	3. Date 05-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Cao
5. Manuscript Title Single-stage revision for chronic periprosthetic joint infection of the knee: a minimum 4-year follow-up		
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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Yang	2. Surname (Last Name) Wang	3. Date 05-April-2017
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05-April-2017

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Corresponding Author's Name

Li Cao

5. Manuscript Title

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Cao

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05-April-2017

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