

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shakeel	2. Surname (Last Name) Sarwar	3. Date 08-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Lu
5. Manuscript Title Revision of bilateral total hip arthroplasty for failed primary arthroplasty: a case report		
6. Manuscript Identifying Number (if you know it) AOJ-18-64		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sarwar 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)

Jun

2. Surname (Last Name)

Lu

3. Date

08-May-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Revision of bilateral total hip arthroplasty for failed primary arthroplasty: a case report

6. Manuscript Identifying Number (if you know it)

AOJ-18-64

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Dr. Lu 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) Syed Mohammad	2. Surname (Last Name) Arfat	3. Date 08-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Lu
5. Manuscript Title Revision of bilateral total hip arthroplasty for failed primary arthroplasty: a case report		
6. Manuscript Identifying Number (if you know it) AOJ-18-64		

Section 2. The Work Under Consideration for Publication

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Dr. Arfat has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cicilia	2. Surname (Last Name) Marcella	3. Date 08-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Lu
5. Manuscript Title Revision of bilateral total hip arthroplasty for failed primary arthroplasty: a case report		
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Dr. Marcella has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ming-Liang	2. Surname (Last Name) Ji	3. Date 08-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Lu
5. Manuscript Title Revision of bilateral total hip arthroplasty for failed primary arthroplasty: a case report		
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1. Given Name (First Name)

Isa Sharif

2. Surname (Last Name)

Abdulkhaleq Sardar Mohamed

3. Date

08-May-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jun Lu

5. Manuscript Title

Revision of bilateral total hip arthroplasty for failed primary arthroplasty: a case report

6. Manuscript Identifying Number (if you know it)

AOJ-18-64

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Abdulkhaleq Sardar Mohamed has nothing to disclose.

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