

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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)

J. Ryan

2. Surname (Last Name)

Martin

3. Date

23-May-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Direct anterior total hip arthroplasty: solicitation and industry

6. Manuscript Identifying Number (if you know it)

AOJ-2018-DAA THA-01

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Martin has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)
Oliver

2. Surname (Last Name)
Nikolaus

3. Date
23-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
J. Ryan Martin

5. Manuscript Title
Direct anterior total hip arthroplasty: solicitation and industry

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1. Given Name (First Name) Bryan	2. Surname (Last Name) Springer	3. Date 23-May-2018
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