

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Johannes	2. Surname (Last Name) Erhardt	3. Date 03-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Karl Grob
5. Manuscript Title The anatomical course of the lateral femoral cutaneous nerve with special attention to the anterior approach to hip joint.		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Erhardt 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)

Karl

2. Surname (Last Name)

Grob

3. Date

08-September-2015

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

The anatomical course of the lateral femoral cutaneous nerve with special attention to the anterior approach to hip joint.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?



Yes



No

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Yes



No

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Yes



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Dr. Grob has nothing to disclose.

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Mirjana

2. Surname (Last Name)

Manestar

3. Date

08-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Karl Grob

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Diana

2. Surname (Last Name)
Rudin

3. Date
18-August-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Karl Grob

5. Manuscript Title

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Oliver

2. Surname (Last Name)
Ullrich, Prof.Dr.Dr.

3. Date
18-August-2015

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☐ Yes

☒ No

Corresponding Author's Name
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