

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)

Yukiharu

2. Surname (Last Name)

Hasegawa

3. Date

06-December-2013

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Eccentric Rotational Acetabular Osteotomy for Acetabular Dysplasia and Osteoarthritis - 20-year follow-up

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Shinji	2. Surname (Last Name) Kitamura	3. Date 03-April-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yukiharu Hasegawa
5. Manuscript Title Eccentric rotational acetabular osteotomy (ERAO) for acetabular dysplasia and osteoarthritis -20-year follow-up-		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01563R1		

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Dr. Iwase has nothing to disclose. Dr. Kitamura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Masashi

2. Surname (Last Name)
Kawasaki

3. Date
03-April-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Yukiharu Hasegawa

5. Manuscript Title
Eccentric rotational acetabular osteotomy (ERAO) for acetabular dysplasia and osteoarthritis -20-year follow-up-

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Dr. Kawasaki has nothing to disclose.

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1. Given Name (First Name) Jin	2. Surname (Last Name) Yamaguchi	3. Date 03-April-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yukiharu Hasegawa
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Dr. Yamaguchi has nothing to disclose.

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Toshiki

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Iwase

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☐ Yes ☒ No

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Yukiharu Hasegawa

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