

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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Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Campbell

3. Date

14-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Sean Rajaei

5. Manuscript Title

The Burden of Revision Total Hip Arthroplasty in the United States:
A Ten Year Analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Campbell has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Mirocha

3. Date
14-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sean Rajae

5. Manuscript Title
The Burden of Revision Total Hip Arthroplasty in the United States:
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Guy

2. Surname (Last Name)

Païement

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14-March-2017

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☐ Yes

☒ No

Corresponding Author's Name

Sean Rajae

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Sean

2. Surname (Last Name)
Rajae

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14-March-2017

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☐ Yes

☒ No

Corresponding Author's Name
Sean Rajae

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