

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)
Todd

2. Surname (Last Name)
Milbrandt

3. Date
15-August-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
R. Trousdale, MD

5. Manuscript Title
Primary total hip arthroplasty in patients 20 years old and younger

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00699

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. Milbrandt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Graham

2. Surname (Last Name)
Pallante

3. Date
05-August-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Robert T. Trousdale

5. Manuscript Title
Primary total hip arthroplasty in patients 20 years old and younger

6. Manuscript Identifying Number (if you know it)
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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. Pallante has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) Statz	3. Date 05-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name R. Trousdale, MD
5. Manuscript Title Primary total hip arthroplasty in patients 20 years old and younger		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00699		

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Trousdale

3. Date
07-August-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Primary total hip arthroplasty in patients 20 years old and younger

6. Manuscript Identifying Number (if you know it)
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties

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Dr. Trousdale reports other from DePuy, outside the submitted work; .

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