

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)
Bryan

2. Surname (Last Name)
Haughom

3. Date
20-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Steven Gitelis

5. Manuscript Title

Primary Lymphoma of Bone Complicating Total Knee Arthroplasty: An unexpected mode of the prosthesis failure

6. Manuscript Identifying Number (if you know it)

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Dr. Haugthom has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ishaq

2. Surname (Last Name)

Ibrahim

3. Date

20-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Steven Gitelis

5. Manuscript Title

Primary Lymphoma of Bone Complicating Total Knee Arthroplasty: An unexpected mode of the prosthesis failure

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Mr. Ibrahim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Brown	3. Date 20-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Steven Gitelis
5. Manuscript Title Primary Lymphoma of Bone Complicating Total Knee Arthroplasty: An unexpected mode of the prosthesis failure		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Brown has nothing to disclose.

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1. Given Name (First Name)
Steven

2. Surname (Last Name)
Gitelis

3. Date
20-October-2014

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

5. Manuscript Title
Primary Lymphoma of Bone Complicating Total Knee Arthroplasty: An unexpected mode of the prosthesis failure

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Yale	2. Surname (Last Name) Fillingham	3. Date 20-October-2014
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