

#### **Instructions**

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Johnson

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administrative support, etc.



Section 1.	Identifying Inform	ation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name Johnson	e)	3. Date 22-March-2018
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title Flipped Meniscu		toperative Period Follo	wing Total Hip Arthroplasty	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Pu	blication	
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest? Yes Vo				
Section 3.	Relevant financial	activities outside th	ne submitted work.	
of compensation clicking the "Add Are there any rel	the appropriate boxes i ) with entities as descri	n the table to indicate bed in the instructions port relationships that	whether you have financial rel s. Use one line for each entity; a were <b>present during the 36 n</b>	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copy	yrights	
Do you have any	patents, whether plan	ned, pending or issued	l, broadly relevant to the work?	Yes 🗸 No

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Section 5.	detiensking met germand ak eng		
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Section 6. Dis	sclosure Statement		
Based on the above of below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Johnson has notl	ning to disclose.		

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Section 1.	Identifying Inform	nation		
1. Given Name (Fii 4. Nathaniel	rst Name)	2. Surname (Last Name) Long		3. Date 22-March-2018
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam David Johnson	e
5. Manuscript Title Flipped Meniscu		toperative Period Followi	ng Total Hip Arthroplasty	
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	☐ Yes ✓ No

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Dr. Long is a paid consultant for Arthrex.

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Streit 1



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1. Given Name (First Name) Adam	2. Surname (Last Name) Streit	3. Date 22-March-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Johnson	
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Section 4. Intellectual Prope	rty Patents & Copyrig	ıhts	
Do you have any patents, whether plan			

Streit 2



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Triplet 1



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Triplet 2



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administrative support, etc. Wasielewski



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ZimmerBiomet				

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