

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Scanaliato

3. Date  
05-May-2019

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

5. Manuscript Title  
Reducing the "irreducible" total hip arthroplasty dislocation with a fracture table

6. Manuscript Identifying Number (if you know it)  
CC-D-19-00162R1

### 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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Disclaimer: The views expressed in this presentation are those of the author(s) and do not reflect the official policy or position of William Beaumont Army Medical Center, Department of the Army, Defense Health Agency, or the US Government.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Reich

3. Date  
28-June-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
John Scanaliato

5. Manuscript Title  
Reducing the "irreducible" total hip arthroplasty dislocation with a fracture table

6. Manuscript Identifying Number (if you know it)  
CC-D-19-00162R2

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Dr. Reich or an immediate family member serves as a paid consultant for JBJS.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Eckhoff

3. Date  
27-June-2019

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

5. Manuscript Title

Reducing the "irreducible" total hip arthroplasty dislocation with a fracture table

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Dr. Eckhoff has nothing to disclose.

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1. Given Name (First Name)  
Phillip

2. Surname (Last Name)  
Schneider

3. Date  
28-June-2019

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☐ Yes

☒ No

Corresponding Author's Name  
John Scanaliato

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