

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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2. The work under consideration for publication.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Helen

2. Surname (Last Name)
Anwander

3. Date
26-August-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Paul E. Beale

5. Manuscript Title
MRI of the Native Hip Joint

6. Manuscript Identifying Number (if you know it)

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. Anwander has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Beaulé

3. Date
26-August-2014

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

5. Manuscript Title
MRI of the Native Hip joint

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Kawan

2. Surname (Last Name)

Rakhra

3. Date

26-August-2014

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Paul E. Beale

5. Manuscript Title

MRI of the Native Hip joint

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Yes

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1. Given Name (First Name)
Klaus

2. Surname (Last Name)
Siebenrock

3. Date
26-August-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Paul Beale

5. Manuscript Title
MRI of the Native Hip joint

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