

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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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) George	2. Surname (Last Name) Borrelli	3. Date 17-October-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Matthew Sweet
5. Manuscript Title Comparison of Outcomes After Robotic-Assisted vs Conventional Total Hip Arthroplasty at Minimum Two-Year Follow-Up: A Systematic Review		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-20-00144		

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. Borrelli 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)
Matthew

2. Surname (Last Name)
Sweet

3. Date
16-October-2020

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

5. Manuscript Title
Comparison of Outcomes After Robotic-Assisted vs Conventional Total Hip Arthroplasty at Minimum Two-Year Follow-Up: A Systematic Review

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-20-00144

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. Sweet has nothing to disclose.

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1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Miladore

3. Date
16-October-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Matthew Sweet

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Shaan

2. Surname (Last Name)
Manawar

3. Date
06-October-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Matthew Sweet

5. Manuscript Title
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