

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)

Kazuki

2. Surname (Last Name)

Yamada

3. Date

06-January-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Soshi Uchida

5. Manuscript Title

Endoscopic Shelf Acetabuloplasty for Treating Acetabular Large Bone Cyst in Patient with Dysplasia

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) DEAN 2. Surname (Last Name) MATSUDA 3. Date 06-January-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Soshi Uchida

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith and Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties for IP
Zimmer Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties for IP and paid consultant

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1. Given Name (First Name) Hitoshi	2. Surname (Last Name) Suzuki	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Soshi Uchida
5. Manuscript Title Endoscopic Shelf Acetabuloplasty for Treating Acetabular Large Bone Cyst in Patient with Dysplasia		
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1. Given Name (First Name) Akinori	2. Surname (Last Name) Sakai	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Soshi Uchida
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 2. Surname (Last Name) _____ Uchida
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Zimmer-Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant

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