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.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Derek

2. Surname (Last Name)  
Jenkins

3. Date  
11-July-2015

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
David Lewallen

5. Manuscript Title  
Satisfactory results at minimum 5 years with the use of Porous Tantalum Acetabular Augments in Complex Revision THA

6. Manuscript Identifying Number (if you know it)

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☑ No

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Dr. Jenkins has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Odland

3. Date  
   16-July-2015

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   David Lewallen

5. Manuscript Title  
   Satisfactory results at minimum 5 years with the use of Porous Tantalum Acetabular Augments in Complex Revision THA

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   ✔ No

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Dr. Odland has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rafael
2. Surname (Last Name) Sierra
3. Date 13-May-2015
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
Satisfactory results at minimum 5 years with the use of porous tantalum acetabular augments in complex revision THA
6. Manuscript Identifying Number (if you know it)

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<td>✓</td>
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Dr. Sierra reports other from Biomet, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name) Arlen
2. Surname (Last Name) Hanssen
3. Date 14-November-2016
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name David G Lewallen MD

5. Manuscript Title
   Minimum 5 year outcomes with porous tantalum acetabular cup and augment construct in complex revision total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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<td>Hip royalties</td>
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Dr. Hanssen reports royalties from Stryker, outside the submitted work.

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   David                        Lewallen                     16-July-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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Dr. Lewallen reports personal fees from Mako/Stryker, personal fees from Pipeline Biomedical Holdings, personal fees from Zimmer, outside the submitted work.

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