ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
Berry

3. Date  
05-February-2016

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

5. Manuscript Title  
Subsequent total joint arthroplasty after primary total knee or hip arthroplasty: A 40 year population-based study

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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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Chair, Board of Directors</td>
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<td>President</td>
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<td>International Hip Society</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Secretary/Treasurer</td>
</tr>
</tbody>
</table>
Section 4. Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
<thead>
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✔ Yes, the following relationships/conditions/circumstances are present (explain below):

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Dr. Berry reports personal fees from Journal of Bone and Joint Surgery, personal fees from DePuy, personal fees from Wolters Kluwer, personal fees from Elsevier, other from American Joint Replacement Registry, other from The Hip Society, other from International Hip Society, outside the submitted work; In addition, Dr. Berry has a patent DePuy issued.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)        Dirk
2. Surname (Last Name)           Larson
3. Date                            05-February-2016
4. Are you the corresponding author?  
   Box: Yes  No
   Corresponding Author’s Name  
   Daniel Berry MD
5. Manuscript Title  
   Subsequent total joint arthroplasty after primary total knee or hip arthroplasty: A 40 year population-based study
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   Box: Yes  No

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Dirk Larson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
Hilal                            Maradit Kremers            05-February-2016

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

5. Manuscript Title
Subsequent total joint arthroplasty after primary total knee or hip arthroplasty: A 40 year population-based study

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Dr. Maradit Kremers has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Thomas</td>
<td>Sanders</td>
<td>05-February-2016</td>
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4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Daniel Berry MD

5. Manuscript Title  
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Dr. Sanders has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Cathy
2. Surname (Last Name)  Schleck
3. Date  05-February-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Daniel Berry MD
5. Manuscript Title
   Subsequent total joint arthroplasty after primary total knee or hip arthroplasty: A 40 year population-based study
6. Manuscript Identifying Number (if you know it)

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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