

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)
Abdel

3. Date
27-June-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Evolution of the Cup-Cage Technique for Major Acetabular Defects: Full and Half Cup-Cage Reconstruction

6. Manuscript Identifying Number (if you know it)

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Dr. Abdel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Arlen	2. Surname (Last Name) Hanssen	3. Date 27-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew P. Abdel MD
5. Manuscript Title The Evolution of the Cup-Cage Technique for Major Acetabular Defects: Full and Half Cup-Cage Reconstruction		
6. Manuscript Identifying Number (if you know it)		

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Dr. Hanssen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cameron	2. Surname (Last Name) Ledford	3. Date 27-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew P. Abdel MD
5. Manuscript Title The Evolution of the Cup-Cage Technique for Major Acetabular Defects: Full and Half Cup-Cage Reconstruction		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David

2. Surname (Last Name) Lewallen

3. Date 29-September-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Matthew Abdel MD

5. Manuscript Title The Evolution of the Cup-Cage Technique for Major Acetabular Defects: Full and Half Cup-Cage Reconstruction

6. Manuscript Identifying Number (if you know it) JBJS-D-16-00821R1

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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
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Link	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Mako/Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Accuitive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
AJRR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10% as medical director
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Mako/Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ketai Medical Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock/Stock Options
Accuitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock/Stock Options
Mako	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock/Stock Options
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel/Accommodations/Meeting expenses unrelated to activities listed

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Lewallen reports personal fees from Zimmer Biomet, personal fees from Link, personal fees from Mako/Stryker, personal fees from Accuitive, personal fees from AJRR, personal fees from Zimmer, personal fees from Pipeline, personal fees from Mako/Stryker, other from Ketai Medical Devices, other from Accuitive, other from Mako, personal fees from Zimmer, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Sculco	3. Date 27-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew P Abdel MD
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