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)  
   Abtin

2. Surname (Last Name)  
   Alvand

3. Date  
   11-September-2015

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author's Name  
   George Grammatopoulos

5. Manuscript Title  
   HOW ACCURATELY CAN SURGEONS ACHIEVE THEIR DESIRED ACETABULAR COMPONENT ORIENTATION?

6. Manuscript Identifying Number (if you know it)

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Dr. Alvand has nothing to disclose.

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<tr>
<td>Paul</td>
<td>Monk</td>
<td>11-September-2015</td>
</tr>
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</table>

4. Are you the corresponding author?  

- [ ] Yes  
- [x] No  

Corresponding Author’s Name: George Grammatopoulos

5. Manuscript Title

**HOW ACCURATELY CAN SURGEONS ACHIEVE THEIR DESIRED ACETABULAR COMPONENT ORIENTATION?**

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- [ ] No  

Are there any relevant conflicts of interest?  

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- [x] No

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Dr. Monk has nothing to disclose.

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<tbody>
<tr>
<td>George</td>
<td>Grammatopoulos</td>
<td>13-September-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title

HOW ACCURATELY CAN SURGEONS ACHIEVE THEIR DESIRED ACETABULAR COMPONENT ORIENTATION?

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Dr. Grammatopoulos has nothing to disclose.

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Pandit
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<td>1. Given Name (First Name)</td>
<td>Hemant</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Pandit</td>
</tr>
<tr>
<td>3. Date</td>
<td>11-September-2015</td>
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<tr>
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<td>☑ No</td>
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<tr>
<td></td>
<td>Corresponding Author’s Name</td>
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<tr>
<td></td>
<td>George Grammatopoulos</td>
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Prof. Pandit has nothing to disclose.

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   Jonathan

2. Surname (Last Name)  
   Rees

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   11-September-2015

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   George Grammatopoulos

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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)  
   David

2. Surname (Last Name)  
   Murray

3. Date  
   29-September-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   George Grammatopoulos

5. Manuscript Title  
   How accurately can surgeons achieve their desired acetabular component orientation?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ✔ 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.

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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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Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Royalty and Consultancy payments related to Unicompartmental Knee Replacement from Zimmer Biomet

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Murray reports grants from Stryker, during the conduct of the study; grants from Zimmer, other from Blue Belt Technologies, outside the submitted work; and Royalty and Consultancy payments related to Unicompartmental Knee Replacement from Zimmer Biomet.

Evaluation and Feedback

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Harinderjit S
2. Surname (Last Name) Gill
3. Date 29-September-2015
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name George Grammatopoulos

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
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Dr. Gill reports other from Consultancy, other from Expert Testimony, other from Expert Testimony, outside the submitted work.

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4. Are you the corresponding author?  
   - Yes  
   - No  

5. Manuscript Title  
   How Surgeons Can Accurately Achieve Their Desired Acetabular Component Orientation

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Mellon has nothing to disclose.

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