ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
Daniel J.

2. Surname (Last Name)  
Berry MD

3. Date  
14-November-2014

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

5. Manuscript Title  
Effect of Body Mass Index on Complications and Reoperations after Total Hip Arthroplasty

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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<tr>
<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Board of Directors member</td>
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<tr>
<td>Journal of Bone and Joint Surgery</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>Board of Trustees</td>
</tr>
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</table>

Berry MD
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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 ☐

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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<td>Related to hip &amp; knee implants</td>
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Section 6. Disclosure Statement

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Dr. Berry MD reports personal fees from DePuy, personal fees from Wolters Kluwer, personal fees from Elsevier, other from American Joint Replacement Registry, personal fees from Journal of Bone and Joint Surgery, outside the submitted work; In addition, Dr. Berry MD has a patent DePuy issued.
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Identifying Information

1. Given Name (First Name)  
   Kristin
2. Surname (Last Name)  
   Fruth BS
3. Date  
   14-November-2014
4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
Daniel J. Berry MD

Manuscript Title  
Effect of Body Mass Index on Complications and Reoperations after Total Hip Arthroplasty

The Work Under Consideration for Publication

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Dr. Fruth BS has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>William S.</td>
<td>Harmsen MS</td>
<td>14-November-2014</td>
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</table>

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

Corresponding Author’s Name
Daniel J. Berry MD

5. Manuscript Title
Effect of Body Mass Index on Complications and Reoperations after Total Hip Arthroplasty

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Dr. Harmsen MS has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Atul F.
2. Surname (Last Name) Kamath MD
3. Date 14-November-2014
4. Are you the corresponding author? Yes ☐ No ☑
5. Manuscript Title Effect of Body Mass Index on Complications and Reoperations after Total Hip Arthroplasty
6. Manuscript Identifying Number (if you know it) 

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Dr. Kamath MD has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eric R.

2. Surname (Last Name)  
   Wagner MD

3. Date  
   14-November-2014

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

Corresponding Author’s Name  
Daniel J. Berry MD

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

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Dr. Wagner has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.