

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Alex

2. Surname (Last Name)

Allepuz

3. Date

30-March-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Evaluation of head size on outcomes of hip replacement in a combined analysis of six international registries: focusing on metal on HXLPE

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Allepuz has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
BARBARA

2. Surname (Last Name)
BORDINI

3. Date
28-March-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Alex Allepuz

5. Manuscript Title
Evaluation of head size on outcomes of hip replacement in a combined analysis of six international registries: focusing on metal on HXLPE

6. Manuscript Identifying Number (if you know it)

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Dr. BORDINI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Guy

2. Surname (Last Name)

Cafri

3. Date

28-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Alex Allepuz

5. Manuscript Title

Evaluation of head size on outcomes of hip replacement in a combined analysis of six international registries: focusing on metal on HXLPE

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Section 1. Identifying Information

1. Given Name (First Name)
Leif Ivar

2. Surname (Last Name)
Havelin

3. Date
28-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Alex Allepuz

5. Manuscript Title
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1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Barber

3. Date
27-March-2014

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Yes No

Corresponding Author's Name
Alex Allepuz

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1. Given Name (First Name) Daniel

2. Surname (Last Name) Hoeffel

3. Date 28-March-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name Allepuz

5. Manuscript Title
Evaluation of head size on outcomes of hip replacement in a combined analysis of six international registries: focusing on metal on HXLPE

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

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy Orthopedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Constrained acetabular liner for THA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dr. Hoeffel	

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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- 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.

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. Hoeffel reports personal fees from Depuy Orthopedics, outside the submitted work; In addition, Dr. Hoeffel has a patent Constrained acetabular liner for THA with royalties paid to Dr. Hoeffel.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Art

2. Surname (Last Name)
Sedrakyan

3. Date
28-March-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Alex Allepuz

5. Manuscript Title
Evaluation of head size on outcomes of hip replacement in a combined analysis of six international registries: focusing on metal on HXLPE

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
FDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sedrakyan reports grants from FDA, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Paxton

3. Date
06-May-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Alex Allepuz

5. Manuscript Title
Evaluation of head size on outcomes of hip replacement in a combined analysis of six international registries: focusing on metal on HXLPE, Allepuz

6. Manuscript Identifying Number (if you know it)

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Dr. Paxton reports grants from FDA, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephen	2. Surname (Last Name) Graves	3. Date 19-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Allepuz
5. Manuscript Title • Evaluation of head size on outcomes of hip replacement in a combined analysis of six international registries: focusing on metal on HXLPE,		
6. Manuscript Identifying Number (if you know it)		

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Dr. Graves has nothing to disclose.

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