

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Elizabeth

2. Surname (Last Name)
Paxton

3. Date
06-May-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Total hip arthroplasty risk of revision: Metal on conventional versus metal on crosslinked results from six international registries

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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Paxton 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

Liz Paxton

5. Manuscript Title

Total hip arthroplasty risk of revision: Metal on conventional versus metal on crosslinked results from six international registries

6. Manuscript Identifying Number (if you know it)

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Dr. Cafri has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Leif Ivar

2. Surname (Last Name)
Havelin

3. Date
24-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Liz Paxton

5. Manuscript Title

Total hip arthroplasty risk of revision: Metal on conventional versus metal on crosslinked results from six international registries

6. Manuscript Identifying Number (if you know it)

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Dr. Havelin 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) Francesc	2. Surname (Last Name) Pallisó	3. Date 01-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liz Paxton
5. Manuscript Title Total hip arthroplasty risk of revision: Metal on conventional versus metal on crosslinked results from six international registries		
6. Manuscript Identifying Number (if you know it)		

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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 Elizabeth Paxton

5. Manuscript Title
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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
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.

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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	

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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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Other: Anything not covered under the previous three boxes

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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? Yes No

Corresponding Author's Name
Elizabeth Paxton

5. Manuscript Title
Total hip arthroplasty risk of revision: Metal on conventional versus metal on crosslinked results from six international registries,

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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Dr. Graves has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
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2. Surname (Last Name)
Sedrakyan

3. Date
28-March-2014

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

5. Manuscript Title
Total hip arthroplasty risk of revision: Metal on conventional versus metal on crosslinked results from six international registries

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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
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Are there any relevant conflicts of interest? Yes No

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

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1. Given Name (First Name)

SUSANNA

2. Surname (Last Name)

STEA

3. Date

03-September-1959

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Paxton

5. Manuscript Title

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