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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2. **The work under consideration for publication.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew P.
2. Surname (Last Name) Abdel, MD
3. Date 10-July-2014
4. Are you the corresponding author? ✔ Yes  No
5. Manuscript Title
Uncemented Jumbo Cups for Revision Total Hip Arthroplasty: A Concise Follow-up Report at 20 Years
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  ✔ No

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Dr. Abdel, MD 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)  
Daniel J.

2. Surname (Last Name)  
Berry, MD

3. Date  
10-July-2014

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

Corresponding Author’s Name  
Matthew P. Abdel, MD

5. Manuscript Title  
Uncemented Jumbo Cups for Revision Total Hip Arthroplasty: A Concise Follow-up Report at 20 Years

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

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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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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Hip &amp; knee implant development</td>
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<td>Royalties on hip/knee arthroplasty books</td>
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<td>Royalties on hip/knee arthroplasty books</td>
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<td>American Joint Replacement Registry</td>
<td>☐</td>
<td></td>
<td>✓</td>
<td></td>
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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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<tr>
<td>Related to hip &amp; knee implants</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
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<td>✗</td>
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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, outside the submitted work; In addition, Dr. Berry, MD has a patent Related to hip & knee implants issued.

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Harmsen MS
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Section 1. Identifying Information

1. Given Name (First Name)
   W. Scott

2. Surname (Last Name)
   Harmsen MS

3. Date
   10-July-2014

4. Are you the corresponding author?
   ☐ Yes  ☑ No
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   Matthew P. Abdel, MD

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   Phillipp                      von Roth, MD                10-July-2014

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