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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Section 1. Identifying Information

1. Given Name (First Name)  Matthew P.
2. Surname (Last Name)  Abdel, MD
3. Date  24-July-2014
4. Are you the corresponding author?  Yes ☑ No

5. Manuscript Title  Total Hip Arthroplasty after Operatively Treated Acetabular Fracture: A Concise Follow-up Report at 20 Years
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. Abdel, MD has nothing to disclose.

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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)  Daniel J.
2. Surname (Last Name)  Berry, MD
3. Date  24-July-2014
4. Are you the corresponding author?  Yes ☑ No
   Corresponding Author’s Name  Matthew P. Abdel, MD
5. Manuscript Title  Total Hip Arthroplasty after Operatively Treated Acetabular Fracture: 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

Section 3. Relevant financial activities outside the submitted work.

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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>Grant?</th>
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<th>Non-Financial Support?</th>
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<td>Board of Directors member</td>
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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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<td>Related to hip &amp; knee implants</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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<tr>
<td>W. Scott</td>
<td>Harmsen MS</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Matthew P. Abdel, MD

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Phillipp

2. Surname (Last Name)  
   von Roth, MD

3. Date  
   24-July-2014

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