ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Fabian</td>
<td>Hertzsch</td>
<td>28-June-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name  
Tobias Gotterbarm

5. Manuscript Title  
MARS MRI findings in patients after small head metal-on-metal total hip arthroplasty with a minimum follow-up of ten years

6. Manuscript Identifying Number (if you know it)

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   - No [x]  

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   - Yes [ ]  
   - No [x]  

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   - No [x]
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Mr. Hertzsch has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kirsten

2. Surname (Last Name)  
   Seelmann

3. Date  
   28-June-2016

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author’s Name  
   Tobias Gotterbarm

5. Manuscript Title  
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Ms. Seelmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Marc-André
2. Surname (Last Name)  Weber
3. Date  04-July-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
MARS MRI findings in patients after small head metal-on-metal total hip arthroplasty with a minimum follow-up of ten years
6. Manuscript Identifying Number (if you know it)

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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

Weber
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Dr. Weber has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Matthias C.

2. Surname (Last Name)  
   Klotz

3. Date  
   28-June-2016

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Tobias Gotterbarm

5. Manuscript Title  
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Klotz
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Dr. Klotz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Matthias
2. Surname (Last Name) Gaida
3. Date 04-July-2016
4. Are you the corresponding author? ✓ No

Corresponding Author’s Name Tobias Gotterbarm

5. Manuscript Title
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Dr. Gaida 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) Thuy Duong
2. Surname (Last Name) Do
3. Date 04-July-2016
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name Tobias Gotterbarm

5. Manuscript Title
MARS MRI findings in patients after small head metal-on-metal total hip arthroplasty with a minimum follow-up of ten 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? ☑ No

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Dr. Do has nothing to disclose.

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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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tobias
2. Surname (Last Name) Reiner
3. Date 02-July-2016
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Tobias Gotterbarm
5. Manuscript Title
   MARS MRI findings in patients after small head metal-on-metal total hip arthroplasty with a minimum follow-up of ten years
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Are there any relevant conflicts of interest? Yes ☑ No

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Dr. Reiner reports grants from Stiftung Endoprothetik (Hamburg, Germany), 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)  
   Tobias

2. Surname (Last Name)  
   Gotterbarm

3. Date  
   02-December-2016

4. Are you the corresponding author?  
   ✔ Yes  No

5. Manuscript Title  
   "MRI findings in patients after small head metal-on-metal total hip arthroplasty with a minimum follow-up of ten years"

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-16-01021R1

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