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**

1. Given Name (First Name)  
   Ahmed

2. Surname (Last Name)  
   Fayyaz

3. Date  
   18-January-2017

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

   Corresponding Author's Name  
   Joseph J. Maleszewski

5. Manuscript Title  
   Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Fayyaz 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)  Cody
2. Surname (Last Name)  Wyles
3. Date  17-January-2017
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name  Joseph Maleszewski, MD
5. Manuscript Title  Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty
6. Manuscript Identifying Number (if you know it)

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Dr. Wyles has nothing to disclose.

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<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>David</td>
<td>Murray</td>
<td>17-January-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Joseph Maleszewski

5. Manuscript Title  
Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

---

**Section 2. The Work Under Consideration for Publication**

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Dr. Murray has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Joseph

2. **Surname (Last Name)**  
   Maleszewski

3. **Date**  
   18-January-2017

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

5. **Manuscript Title**  
   Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

6. **Manuscript Identifying Number (if you know it)**  

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Dr. Maleszewski has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Melanie

2. Surname (Last Name)  
   Bois

3. Date  
   18-January-2017

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

5. Manuscript Title  
   Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

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Dr. Bois 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)  
   Md. Shahrier

2. Surname (Last Name)  
   Amin

3. Date  
   17-January-2017

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

   Corresponding Author’s Name  
   Joseph J Maleszewski

5. Manuscript Title  
   Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

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 ☑
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Dr. Amin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nandan
2. Surname (Last Name) Anavekar
3. Date 24-April-2017
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Joesph J. Maleszewski, MD
5. Manuscript Title Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty
6. Manuscript Identifying Number (if you know it) 

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Dr. Anavekar 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)  
   Patrick

2. Surname (Last Name)  
   Day

3. Date  
   17-January-2017

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Joseph Maleszewski

5. Manuscript Title  
   Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

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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?  
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Dr. Day 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)  
Robert

2. Surname (Last Name)  
Trousdale

3. Date  
17-January-2017

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

5. Manuscript Title  
Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

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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<td>Mid-America Orthopaedic Association</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
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Dr. Trousdale reports other from DePuy, outside the submitted work; .

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Section 1.
Identifying Information

1. Given Name (First Name)  
Sarah

2. Surname (Last Name)  
Jenkins

3. Date  
18-January-2017

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

Corresponding Author’s Name  
Joseph Maleszewski, M.D.

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Saranya

2. Surname (Last Name)  
   Wyles

3. Date  
   17-January-2017

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Joseph J. Maleszewski

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Are there any relevant conflicts of interest?  
   ☑ No

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Are there any relevant conflicts of interest?  
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Dr. Saranya Wyles has nothing to disclose.

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Thomas
2. Surname (Last Name) Wright
3. Date 19-January-2017
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Dr. Joseph Maleszewski

5. Manuscript Title Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
William

2. Surname (Last Name)  
Edwards

3. Date  
18-January-2017

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

5. Manuscript Title  
Myocardial Cobalt Levels Are Elevated in the Setting of Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

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