ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<thead>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>William</td>
<td>Brien</td>
<td>18-April-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

| Brad Penenberg, MD |

5. Manuscript Title

Digital Radiography in Total Hip Arthroplasty: Technique and Radiographic Results

6. Manuscript Identifying Number (if you know it)

---

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Dr. Brien 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)  
   Brad

2. Surname (Last Name)  
   Penenberg

3. Date  
   19-October-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Digital Radiography in Total Hip Arthroplasty: Technique and Radiographic Results

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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<tr>
<td>Radlink</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>Board Member for Radlink</td>
</tr>
</tbody>
</table>

**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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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Surgeons Checklist</td>
<td>☐</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Radlink</td>
<td>Portions of the software utilized are included in a U.S. patent for the “surgeons checklist”.</td>
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Dr. Penenberg reports personal fees and non-financial support from Radlink, outside the submitted work. In addition, Dr. Penenberg has a patent Surgeons Checklist licensed to Radlink.

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Section 1. Identifying Information

1. Given Name (First Name) Sean
2. Surname (Last Name) Rajaee
3. Date 02-December-2016
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Brad Penenberg, MD
5. Manuscript Title Digital Radiography in Total Hip Arthroplasty: Technique and Radiographic Results
6. Manuscript Identifying Number (if you know it)

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Dr. Rajaee has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Antonia  
2. Surname (Last Name)  
   Woehnl  
3. Date  
   22-October-2016  
4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author's Name  
   Brad Penenberg, MD  
5. Manuscript Title  
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Dr. Woehnl has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Sanjum

2. Surname (Last Name)  
Samagh

3. Date  
02-December-2016

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

Corresponding Author’s Name  
Brad Penenberg, MD

5. Manuscript Title  
Digital Radiography in Total Hip Arthroplasty: Technique and Radiographic results

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Are there any relevant conflicts of interest?  
[ ] Yes  [x] No

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Dr. Samagh has nothing to disclose.

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