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)**
   Anders

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

3. **Date**
   16-April-2017

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

5. **Manuscript Title**
   Revision for symptomatic pseudotumor following primary total hip arthroplasty with a metal-on-polyethylene bearing surface and a standard femoral stem

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

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Dr. Persson 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)  
   Ferid

2. Surname (Last Name)  
   Krupic

3. Date  
   18-April-2017

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

   Corresponding Author’s Name
   Anders Persson

5. Manuscript Title  
   Incidence of revision for pseudotumour following primary total hip arthroplasty with a non-metal-on-metal bearing surface and a tapered titanium non-modular stem.

6. Manuscript Identifying Number (if you know it)

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Dr. Krupic 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)**
   - Henrik

2. **Surname (Last Name)**
   - Bodén

3. **Date**
   - 11-May-2017

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Revision for symptomatic pseudotumor following primary total hip arthroplasty with a metal-on-polyethylene bearing surface and a standard femoral stem

6. **Manuscript Identifying Number (if you know it)**
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## Section 2. The Work Under Consideration for Publication

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- Yes
- No

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- No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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<tbody>
<tr>
<td>Olav</td>
<td>Muren</td>
<td>05-May-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? Yes ✔ No

Corresponding Author’s Name
Anders Persson

5. Manuscript Title
Revision for symptomatic pseudotumor following primary total hip arthroplasty with a metal-on-polyethylene bearing surface and a standard femoral stem

6. Manuscript Identifying Number (if you know it)

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Dr. Muren 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)  Olof
2. Surname (Last Name)  Sköldenberg
3. Date  17-April-2017
4. Are you the corresponding author?  No
5. Manuscript Title  Revision for symptomatic pseudotumor following primary total hip arthroplasty with a non-metal-on-metal bearing surface and standard femoral stem

Section 2. The Work Under Consideration for Publication

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Dr. Sköldenberg reports grants from Link, grants from ZimmerBiomet, outside the submitted work.

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1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Eisler

3. Date  
   18-April-2017

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Anders Persson

5. Manuscript Title  
   Revision for symptomatic pseudotumor following primary total hip arthroplasty with a non-metal-on-metal bearing surface and standard femoral stem

6. Manuscript Identifying Number (if you know it)

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