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)  
Daniel

2. Surname (Last Name)  
Bohl

3. Date  
07-May-2018

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

Corresponding Author’s Name  
Craig J. Della Valle

5. Manuscript Title  
Computer-assisted navigation is associated with reductions in the rates of dislocation and acetabular component revision following primary total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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 ✔ Yes  ☐ No

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Dr. Bohl reports grants from Mid-America Orthopaedic Association, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Edmund

2. Surname (Last Name)  
   Lau

3. Date  
   07-May-2018

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Craig J. Della Valle

5. Manuscript Title
   Computer-assisted navigation is associated with reductions in the rates of dislocation and acetabular component revision following primary total hip arthroplasty

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Yes ☑  No

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1. Given Name (First Name)  
   Michael
2. Surname (Last Name)  
   Nolte
3. Date  
   07-May-2018
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

#### Corresponding Author's Name
Craig J. Della Valle

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Della Valle

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07-May-2018

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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
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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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

❑ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Della Valle reports grants from Mid-America Orthopaedic Association, during the conduct of the study; non-financial support from American Association of Hip and Knee Surgeons, non-financial support from Arthritis Foundation, personal fees from DePuy, a Johnson & Johnson Company, non-financial support from Hip Society, non-financial support from Knee Society, non-financial support from Mid America Orthopaedic Association, non-financial support from Orthopedics Today, personal fees from Parvizi Surgical Innovations, personal fees from SLACK Incorporated, personal fees from Smith & Nephew, personal fees from Stryker, personal fees from Wolters Kluwer Health - Lippincott Williams & Wilkins, outside the submitted work; In addition, Dr. Della Valle has a patent Zimmer with royalties paid.

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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".

3. Relevant financial activities outside the submitted work.

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.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Tyler

2. Surname (Last Name)  
   Calkins

3. Date  
   07-May-2018

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Craig J. Della Valle

5. Manuscript Title  
   Computer-assisted navigation is associated with reductions in the rates of dislocation and acetabular component revision following primary total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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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

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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1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Ong

3. Date  
   07-May-2018

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   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Craig J. Della Valle

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   [ ] No

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