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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)  
   Rasmus  

2. Surname (Last Name)  
   Kreipke  

3. Date  
   12-June-2017  

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Dual mobility cups are not associated with decreased risk of revision compared to metal-on-polyethylene cups in primary total hip arthroplasty due to osteoarthritis. A matched population-based study using the Nordic Arthroplasty Register.

6. Manuscript Identifying Number (if you know it)

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   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>
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<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
<th>Comments</th>
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<td>Nordforsk Foundation</td>
<td>✔</td>
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</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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Kreipke reports grants from Nordforsk Foundation, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alma B.
2. Surname (Last Name) Pedersen
3. Date 12-June-2017
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name
Rasmus Kreipke

5. Manuscript Title
Dual mobility cups are not associated with decreased risk of revision in primary total hip arthroplasty due to osteoarthritis. A matched population-based study using the Nordic Arthroplasty Register Association database

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes ☑ No

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Are there any relevant conflicts of interest? Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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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. Pedersen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) GEIR
2. Surname (Last Name) HALLAN
3. Date 24-July-2017
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name RASMUS KREIPKE

5. Manuscript Title
Dual mobility cups and their risk of revision in primary total hip arthroplasty due to osteoarthritis
A matched population-based study using the Nordic Arthroplasty Register Association database

6. Manuscript Identifying Number (if you know it)

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Dr. HALLAN has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Leif Ivar

2. Surname (Last Name)  
   Havelin

3. Date  
   12-June-2017

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

   Corresponding Author’s Name  
   Rasmus Kreipke

5. Manuscript Title  
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   Johan  

2. Surname (Last Name)  
   Kärrholm  

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Dr. Kärrholm 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)  
   Søren

2. Surname (Last Name)  
   Overgaard

3. Date  
   15-June-2017

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Rasmus Kreipke

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   ☑ No

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Are there any relevant conflicts of interest?  
   ☑ Yes

   ☐ No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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?

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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. Overgaard reports grants from Zimmer Biomet, grants from DePuy, grants from Protesekompagniet, other from Eli Lilly, outside the submitted work.

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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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   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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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)  Keijo
2. Surname (Last Name)  Mäkelä
3. Date  22-June-2017
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Rasmus Kreipke

5. Manuscript Title
Dual mobility cups are not associated with decreased risk of revision in primary total hip arthroplasty due to osteoarthritis. A matched population-based study using the Nordic Arthroplasty Register Association database

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Dr. Mäkelä has nothing to disclose.

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1. Given Name (First Name) Cecilia
2. Surname (Last Name) Rogmark
3. Date 16-February-2018
4. Are you the corresponding author? Yes
5. Manuscript Title
Dual mobility cups and their risk of revision in primary total hip arthroplasty due to osteoarthritis
A matched population-based study using the Nordic Arthroplasty Register Association database
6. Manuscript Identifying Number (if you know it)
JBJS-D-17-00841R1

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