ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Bruckner

3. Date  
   09-April-2018

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
   Long-term Survival of a Retained Cementless Hip Stem 13 Years (0- to 28-Years) After Isolated Cup Revision

6. Manuscript Identifying Number (if you know it)  

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Bruckner has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Given Name (First Name)**
   - Tobias

2. **Surname (Last Name)**
   - Gotterbarm

3. **Date**
   - 11-April-2018

4. **Are you the corresponding author?**
   - Yes [✓]

5. **Manuscript Title**
   - Long-term Survival of a Retained Cementless Hip Stem 13 Years (0- to 28-Years) After Isolated Cup Revision

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

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   Moritz M  
2. Surname (Last Name)  
   Innmann  
3. Date  
   09-April-2018  
4. Are you the corresponding author?  
   [ ] Yes    ✔ Yes  
   [ ] No  
   Corresponding Author’s Name  
   Marcus R. Streit  
5. Manuscript Title  
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   Christian

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   Merle

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### Identifying Information

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

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

3. **Date**  
   14-April-2018

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

   Corresponding Author’s Name  
   Marcus R. Streit

5. **Manuscript Title**  
   Long-term Survival of a Retained Cementless Hip Stem 13 Years (0- to 28-Years) After Isolated Cup Revision

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

### 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  
   ✔ Yes  

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

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Dr. Moradi reports grants from ZimmerBiomet, grants from Deutsche Arthrosehilfe e.V., during the conduct of the study; grants from ZimmerBiomet, outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Peitgen

3. Date  
   14-April-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Marcus R. Streit

5. Manuscript Title  
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1. Given Name (First Name)  
   Marcus R

2. Surname (Last Name)  
   Streit

3. Date  
   11-April-2018

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   No

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