ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Berry
3. Date 16-April-2018
4. Are you the corresponding author? Yes No
5. Manuscript Title
Revision THA for Fracture: More Expensive, More Complications, Same DRG. A Local and National Cohort Study
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

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<td></td>
<td>✔</td>
<td>Member, Steering Committee</td>
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<td>☐</td>
<td>☑</td>
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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.

<table>
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<td>☐</td>
<td>Related to hip and knee implants</td>
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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?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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

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**Section 6. Disclosure Statement**

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Dr. Berry reports personal fees from Journal of Bone and Joint Surgery, personal fees from DePuy, personal fees from Wolter Kluwer, personal fees from Elsevier, other from American Joint Replacement Registry, other from International Hip Society, other from International Society of Arthroplasty Registries, personal fees and other from Bodycad, outside the submitted work; In addition, Dr. Berry has a patent DePuy issued.
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Section 1. Identifying Information

1. Given Name (First Name)  
Amy
2. Surname (Last Name)  
Glasgow
3. Date  
06-April-2018

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

Corresponding Author’s Name  
Daniel J Berry MD

5. Manuscript Title  
Revision THA for Fracture: More Expensive, More Complications, Same DRG. A Local and National Cohort Study

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Ms. Glasgow has nothing to disclose.

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<tbody>
<tr>
<td>Katherine</td>
<td>Bews</td>
<td>09-April-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name
Daniel J Berry MD

5. Manuscript Title
Revision THA for Fracture: More Expensive, More Complications, Same DRG. A Local and National Cohort Study

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**Section 1. Identifying Information**

1. Given Name (First Name)  Elizabeth
2. Surname (Last Name)  Habermann
3. Date  09-April-2018
4. Are you the corresponding author?  No
   
5. Manuscript Title  Revision THA for Fracture: More Expensive, More Complications, Same DRG. A Local and National Cohort Study

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  No

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Dr. Habermann has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Jie

2. Surname (Last Name)  
   Yao

3. Date  
   16-April-2018

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

   Corresponding Author's Name  
   Daniel J Berry MD

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

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

- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Yao 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) Mario
2. Surname (Last Name) Hevesi
3. Date 16-April-2018
4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Daniel J Berry MD

5. Manuscript Title
Revision THA for Fracture: More Expensive, More Complications, Same DRG. A Local and National Cohort Study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☑ No

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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)  
   Lewallen

3. Date  
   06-April-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Daniel J Berry MD

5. Manuscript Title  
   Revision THA for Fracture: More Expensive, More Complications, Same DRG. A Local and National Cohort Study

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   Yes  ✔  No

If yes, please fill out the appropriate information below.

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<td>Travel/Accommodations/Meeting expenses unrelated to activities listed</td>
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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. Lewallen reports personal fees from Zimmer Biomet, personal fees from Link, personal fees from Mako/Stryker, personal fees from AJRR, personal fees from Zimmer Biomet, personal fees from Pipeline, personal fees from Mako/Stryker, other from Ketai Medical Devices, other from Accuitive, other from Mako, personal fees from Zimmer Biomet, outside the submitted work; .
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Section 1. Identifying Information

1. Given Name (First Name)  
Hilal  

2. Surname (Last Name)  
Maradit Kremers  

3. Date  
09-April-2018  

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Daniel J Berry MD  

5. Manuscript Title  
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Dr. Maradit Kremers has nothing to disclose.

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<td>Jeanine</td>
<td>Ransom</td>
<td>09-April-2018</td>
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Corresponding Author’s Name  Daniel J Berry MD

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Ms. Ransom has nothing to disclose.

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   Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  
Sue

2. Surname (Last Name)  
Visscher

3. Date  
09-April-2018

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

Corresponding Author’s Name  
Daniel J Berry MD

5. Manuscript Title  
Revision THA for Fracture: More Expensive, More Complications, Same DRG. A Local and National Cohort Study

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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
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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?

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Visscher has nothing to disclose.

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

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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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Cody</td>
<td>Wyles</td>
<td>07-April-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
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Are there any relevant conflicts of interest?  
   - [ ] Yes  
   - ✔ No

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## Section 3. Relevant financial activities outside the submitted work.

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

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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
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Dr. Wyles has nothing to disclose.

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