

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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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 12-October-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ammar Jobory

5. Manuscript Title
Reduced revision risk in patients with Dual Mobility Cups after THR due to hip fracture.

6. Manuscript Identifying Number (if you know it)

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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.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| The NordForsk Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (Grant number 71025) |

Section 3. Relevant financial activities outside the submitted work.

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Dr. Mäkelä reports grants from The NordForsk Foundation , during the conduct of the study.

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Alma | 2. Surname (Last Name) Becic Pedersen | 3. Date 12-October-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ammar Jobory |
| 5. Manuscript Title Reduced revision risk in patients with Dual Mobility Cups after THR due to hip fracture. | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Dr. Becic Pedersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Cecilia

2. Surname (Last Name)
Rogmark

3. Date
12-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ammar Jobory

5. Manuscript Title
Reduced revision risk in patients with Dual Mobility Cups after THR due to hip fracture.

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Dr. Rogmark has nothing to disclose.

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| | | |
|---|---|---|
| 1. Given Name (First Name) Geir | 2. Surname (Last Name) Hallan | 3. Date 12-October-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ammar Jobory |
| 5. Manuscript Title Reduced revision risk in patients with Dual Mobility Cups after THR due to hip fracture. | | |
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Dr. Hallan has nothing to disclose.

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| | | |
|---|---|---|
| 1. Given Name (First Name) Jan-Erik | 2. Surname (Last Name) Gjertsen | 3. Date 12-October-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ammar Jobory |
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Johan | 2. Surname (Last Name) Karrholm | 3. Date 12-October-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ammar Jobory |
| 5. Manuscript Title Reduced revision risk in patients with Dual Mobility Cups after THR due to hip fracture. | | |
| 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

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Dr. Karrholm has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Soeren | 2. Surname (Last Name) Overgaard | 3. Date 12-October-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ammar Jobory |
| 5. Manuscript Title Reduced revision risk in patients with Dual Mobility Cups after THR due to hip fracture. | | |
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Section 1. Identifying Information

1. Given Name (First Name)
Ammar

2. Surname (Last Name)
Jobory

3. Date
27-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Reduced revision risk in patients with Dual Mobility Cups after THR due to hip fracture.

6. Manuscript Identifying Number (if you know it)

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