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)  
   Keijo

2. Surname (Last Name)  
   Mäkelä

3. Date  
   12-October-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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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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<td>The NordForsk Foundation</td>
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   ✔ No

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

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Mäkelä
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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?  
   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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   Yes ☐  No ☑  

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   Yes ☐  No ☑
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Dr. Becic Pedersen 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)  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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<td>3. Date</td>
<td>12-October-2018</td>
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<td>4. Are you the corresponding author?</td>
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</table>

**Corresponding Author’s Name**

Ammar Jobory

**Manuscript Title**

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

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

---

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Dr. Hallan has nothing to disclose.

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Gjertsen
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<td>Jan-Erik</td>
<td>Gjertsen</td>
<td>12-October-2018</td>
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4. Are you the corresponding author?  
   □ Yes  ✔ No

Corresponding Author’s Name  
Ammar Jobory

5. Manuscript Title  
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Dr. Gjertsen has nothing to disclose.

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

5. Relationships not covered above.

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Definitions.

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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) Johan
2. Surname (Last Name) Karrholm
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)

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 ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Karrholm has nothing to disclose.

Evaluation and Feedback

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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.

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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?  
   ✔ 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

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?  
   ✔ No

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   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Overgaard 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)
   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)

## 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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