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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Abdel

3. Date  
   11-October-2018

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

5. Manuscript Title  
   Long-Term Survivorship of Total Hip Arthroplasty with Highly Cross-Linked Polyethylene for Osteonecrosis

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>Other?</th>
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<td>Stryker</td>
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<td>Paid consultant</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
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Section 6. Disclosure Statement

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Dr. Abdel reports personal fees from Stryker, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Berry

3. Date  
   15-October-2018

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Long-Term Survivorship of Total Hip Arthroplasty with Highly Cross-Linked Polyethylene for Osteonecrosis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did your 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.

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<td>Stock/scientific adviser</td>
</tr>
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</table>

### 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>
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<td></td>
<td>Related to hip and knee implants</td>
</tr>
</tbody>
</table>

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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?

- Yes ☐  No ☑️  Yes, the following relationships/conditions/circumstances are present (explain below):
- ☑️ No other relationships/conditions/circumstances that present a potential conflict of interest

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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, other from Bodycad, outside the submitted work; In addition, Dr. Berry has a patent DePuy issued.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 11-October-2018

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

   **Corresponding Author’s Name**
   - Matthew P Abdel MD

5. **Manuscript Title**
   - Long-Term Survivorship of Total Hip Arthroplasty with Highly Cross-Linked Polyethylene for Osteonecrosis

6. **Manuscript Identifying Number (if you know it)**
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Dr. Hart has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Viktor

2. Surname (Last Name)  
Janz

3. Date  
11-October-2018

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

Corresponding Author’s Name  
Matthew P Abdel MD

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Dr. Janz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Rafael
2. Surname (Last Name)  Sierra
3. Date  12-October-2018
4. Are you the corresponding author?  ✔ No
Corresponding Author’s Name  Matthew P Abdel MD
5. Manuscript Title  Long-Term Survivorship of Total Hip Arthroplasty with Highly Cross-Linked Polyethylene for Osteonecrosis
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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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
If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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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?  ✔ 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

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Dr. Sierra reports personal fees from Zimmer Biomet, personal fees from Link Orthopedics, personal fees from Ortho Align, outside the submitted work; .

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Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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 patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
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) Robert
2. Surname (Last Name) Trousdale
3. Date 15-October-2018
4. Are you the corresponding author? Yes
5. Manuscript Title Long-Term Survivorship of Total Hip Arthroplasty with Highly Cross-Linked Polyethylene for Osteonecrosis
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes

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

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Section 4. Intellectual Property -- Patents & Copyrights

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[Name] Trousdale
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Dr. Trousdale reports personal fees from DePuy, personal fees from Medtronics, outside the submitted work.

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