ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

**Entity**: government agency, foundation, commercial sponsor, academic institution, etc.

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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)  
   Michael  
2. Surname (Last Name)  
   Apostolides  
3. Date  
   01-April-2019  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
   Correlation between the presence of ossific nucleus and the rate of avascular necrosis and number of secondary procedures in late presenting developmental dysplasia of the hip  
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.)?  
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   ✔ Yes  
   No

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

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   ✔ 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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Mr. Apostolides has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Charlotte
2. Surname (Last Name)  Cross
3. Date  08-April-2019
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  Lee Hoggett

5. Manuscript Title
   Acetabular Revision to Dual Mobility Cup as a Treatment for Late Dislocation Following Charnley Total Hip Arthroplasty, comparison with the use of the Posterior Lip Augmentation Device
6. Manuscript Identifying Number (if you know it)

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Dr. Cross has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Charlotte

2. Surname (Last Name)  
   Carpenter

3. Date  
   04-May-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   The impact and experience of dislocation after total hip replacement: a qualitative 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

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>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>North Bristol NHS Trust Small Grants Scheme</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Dr. Carpenter reports grants from North Bristol NHS Trust Small Grants Scheme, during the conduct of the study; .

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Anthony</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Helm</td>
</tr>
<tr>
<td>3. Date</td>
<td>28-April-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Lee Hoggett</td>
</tr>
</tbody>
</table>

### Manuscript Title

Acetabular Revision to Dual Mobility Cup as a Treatment for Late Dislocation Following Charnley Total Hip Arthroplasty, comparison with the use of the Posterior Lip Augmentation Device

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

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Dr. Helm has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   NICK

2. Surname (Last Name)  
   CLEMENT

3. Date  
   20-May-2019

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

   Corresponding Author’s Name
   NEIL WICKRAMASINGHE

5. Manuscript Title
   Operative Versus Non-Operative Management of Achilles Tendon Rupture

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1. Given Name (First Name)  JOHN
2. Surname (Last Name)  KEATING
3. Date  20-May-2019
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   Corresponding Author’s Name  NEIL WICKRAMASINGHE
5. Manuscript Title
   Operative Versus Non-Operative Management of Achilles Tendon Rupture
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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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

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Dr. KEATING has nothing to disclose.

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<td>MAEMPEL</td>
<td>20-May-2019</td>
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<table>
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1. Given Name (First Name)  
   NEIL

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   WICKRAMASINGHE

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<td>Duckworth</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Moore

3. Date  
   04-April-2019

4. Are you the corresponding author?  
   Yes ✔  No

   Corresponding Author’s Name  
   Flossie Carpenter

5. Manuscript Title  
   The impact and experience of dislocation after total hip replacement: a qualitative 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

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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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. Moore reports grants from North Bristol NHS Trust Small Grants Scheme, during the conduct of the study; grants from Stryker UK, outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Lee

2. Surname (Last Name)  
   Hoggett

3. Date  
   08-April-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Acetabular Revision to Dual Mobility Cup as a Treatment for Late Dislocation Following Charnley Total Hip Arthroplasty, comparison with the use of the Posterior Lip Augmentation Device

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. Hoggett has nothing to disclose.

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<tr>
<td>Michael</td>
<td>Whitehouse</td>
<td>04-April-2019</td>
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</tbody>
</table>

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

Corresponding Author’s Name  
Flossie Carpenter

5. Manuscript Title  
The impact and experience of dislocation after total hip replacement: a qualitative 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

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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- [ ] Yes  
- [X] No

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Dr. Whitehouse reports grants from North Bristol NHS Trust Small Grants Scheme, during the conduct of the study; grants from Stryker UK, other from Heraeus, DePuy, outside the submitted work; .
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# Section 1. Identifying Information

1. Given Name (First Name)  
   Vikki

2. Surname (Last Name)  
   Wylde

3. Date  
   04-April-2019

4. Are you the corresponding author?  
   ☑ Yes  
   ❌ No

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   Flossie Carpenter

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<tr>
<td>Janardhan</td>
<td>Rao</td>
<td>25-April-2019</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name  
M Wijesekera

5. Manuscript Title  
Non-operative management versus Kirshner wiring for distal forearm Salter Harris II fractures

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.)?  

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- [x] No

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
- [x] No
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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Dr. Rao has nothing to disclose.

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<td>Wijesekera</td>
<td>25-April-2019</td>
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</tbody>
</table>

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

5. Manuscript Title

   Non-operative management versus Kirshner wiring for distal forearm Salter Harris II fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Wijesekera 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) Nicholas
2. Surname (Last Name) Peterson
3. Date 25-April-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title Non-operative management versus Kirshner wiring for distal forearm Salter Harris II fractures
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Peterson has nothing to disclose.

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<tr>
<td>David</td>
<td>Kieser</td>
<td>31-May-2019</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Does the sequence of skin preparation affect surgical site sterility during shoulder surgery?

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

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

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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?  
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Dr. Kieser has nothing to disclose.

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Gowda
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sushmith

2. Surname (Last Name)  
   Gowda

3. Date  
   03-April-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Michael Apostolides

5. Manuscript Title  
   Correlation between the presence of ossific nucleus and the rate of avascular necrosis and number of secondary procedures in late presenting developmental dysplasia of the hip

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Herv

2. Surname (Last Name)  
Vidakovic

3. Date  
13-April-2019

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

5. Manuscript Title  
Does the sequence of skin preparation affect surgical site sterility during shoulder surgery?

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

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Dr. Vidakovic 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)  
Mairi

2. Surname (Last Name)  
Fullarton

3. Date  
13-April-2019

4. Are you the corresponding author?  
Yes ✔ No

5. Manuscript Title  
Does the sequence of skin preparation affect surgical site sterility during shoulder surgery?

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

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Dr. Fullarton 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)  
   Robert
2. Surname (Last Name)  
   Richards
3. Date  
   05-April-2019
4. Are you the corresponding author?  
   Yes [ ]  
   No [✔]
5. Manuscript Title  
   Correlation between the presence of ossific nucleus and the rate of avascular necrosis and number of secondary procedures 
   in late presenting developmental dysplasia of the hip
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?  
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   No [✔]

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   No [✔]

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   No [✔]
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Mr. Richards has nothing to disclose.

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1. Given Name (First Name)  
Charline

2. Surname (Last Name)  
Roslee

3. Date  
05-April-2019

4. Are you the corresponding author?  

   Yes  ✔  No

   Corresponding Author’s Name  
Michael Apostolides

5. Manuscript Title  
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Miss Roslee has nothing to disclose.

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</tr>
</thead>
<tbody>
<tr>
<td>Samuel</td>
<td>Trowbridge</td>
<td>13-April-2019</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   unknown

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Dr. Trowbridge has nothing to disclose.

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