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.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ashir

2. Surname (Last Name)  
   Ejaz

3. Date  
   29-April-2019

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Janus Duus Christiansen

5. Manuscript Title  
   The ultra-short ***Blinded by JBJS*** hip-prosthesis. Two years RSA and DXA Follow-up in a stepwise introduction

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00104R1

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Are there any relevant conflicts of interest?  
   Yes ✔ No

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Dr. Ejaz reports grants from Biomet Europe, during the conduct of the study;

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Section 1. Identifying Information

1. Given Name (First Name)  Mogens
2. Surname (Last Name)  Laursen
3. Date  23-April-2019

4. Are you the corresponding author?  No  ✔

Corresponding Author’s Name  Janus Duus Christiansen

5. Manuscript Title  "The ultra-short Blinded by JBJS hip-prosthesis. Two years RSA and DXA Follow-up in a stepwise introduction,"

6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00104R1

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   Poul Torben
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   Nielsen
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   No

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   - Christiansen

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Christiansen
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