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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**Royalties:** Funds are coming in to you or your institution due to your patent

Beecher
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Benjamin

2. Surname (Last Name) Beecher

3. Date 15-January-2014

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

Corresponding Author’s Name Orhun Muratoglu

5. Manuscript Title Case report: Fracture of a Highly Anteverted Vitamin E-Stabilized Polyethylene Liner

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 1. Identifying Information

1. Given Name (First Name)  Shannon
2. Surname (Last Name)  Rowell
3. Date  15-January-2014
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
Case report: Fracture of a Highly Anteverted Vitamin E-Stabilized Polyethylene Liner
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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>Money paid to institution</td>
</tr>
</tbody>
</table>

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Section 1. Identifying Information

1. Given Name (First Name)  
   Orhun

2. Surname (Last Name)  
   Muratoglu

3. Date  
   15-January-2014

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

5. Manuscript Title  
   Case report: Fracture of a Highly Anteverted Vitamin E-Stabilized Polyethylene Liner

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<tr>
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1. **Given Name (First Name)**
   - Henrik

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

3. **Date**
   - 15-January-2014

4. **Are you the corresponding author?**
   - Yes ☑️

5. **Manuscript Title**
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No
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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 1. Identifying Information

1. Given Name (First Name)
   James

2. Surname (Last Name)
   Huddleston

3. Date
   15-January-2014

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

   Corresponding Author’s Name
   Orhun Muratoglu

5. Manuscript Title
   Case report: Fracture of a Highly Anteverted Vitamin E-Stabilized Polyethylene Liner

6. Manuscript Identifying Number (if you know it)

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<th>Name of Entity</th>
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   Stuart

2. Surname (Last Name)  
   Goodman

3. Date  
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   Orhun Muratoglu

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

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