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.**

2. **The work under consideration for publication.**

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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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)  Conor
2. Surname (Last Name)  Rankin
3. Date  26-June-2018
4. Are you the corresponding author?  ✔ Yes  ❏ No

5. Manuscript Title
Fracture of a BIOLOX Delta Ceramic Femoral Head

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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Are there any relevant conflicts of interest?  ❏ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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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.

Mr. Rankin has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Nick
2. **Surname (Last Name)**
   - Beattie
3. **Date**
   - 17-October-2018
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Fracture of a BIOLOX Delta Ceramic Femoral Head: A Case Report and Update of the Literature
6. **Manuscript Identifying Number (if you know it)**
   - CC-D-18-00336R1

### 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.

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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

Section 5. Relationships not covered above

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Dr. Beattie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Paul

2. Surname (Last Name)
   Gaston

3. Date
   17-October-2018

4. Are you the corresponding author?
   Yes  No

   Corresponding Author’s Name
   Conor Rankin

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

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Patrick

2. Surname (Last Name)  
   Robinson

3. Date  
   17-October-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Conor Rankin

5. Manuscript Title  
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