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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaime</td>
<td>Bellamy</td>
<td>09-March-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name

Robert Runner

5. Manuscript Title

Gross Trunnion Failure of Chrome-Cobalt Head on Titanium Stem at Mid-Term Follow-Up: a Case Series of 3 Patients.

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] No
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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.

Dr. Bellamy has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

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

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

3. **Date**
   - 09-March-2016

4. **Are you the corresponding author?**
   - Yes [✓]  No [ ]
   - **Corresponding Author’s Name**
     - Robert Runner

5. **Manuscript Title**
   - Gross Trunnion Failure of Chrome-Cobalt Head on Titanium Stem at Mid-Term Follow-Up: a Case Series of 3 Patients.

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

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

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Stryker Orthopaedics</td>
<td>[✓]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Clinical Research grant paid to Emory from Stryker</td>
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Current member of Board of Directors of ABOS

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Dr. Roberson reports grants from Stryker Orthopaedics, outside the submitted work; and Current member of Board of Directors of ABOS.

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<td>Robert</td>
<td>Runner</td>
<td>09-March-2016</td>
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