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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Derek
2. Surname (Last Name)  
   Amanatullah
3. Date  
   15-June-2018
4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No
5. Manuscript Title  
   Direct Superior Approach to the Hip for Total Hip Arthroplasty

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

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   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below.

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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. Amanatullah reports grants and personal fees from Stryer, grants and personal fees from Zimmer-Biomet, personal fees from Ethicon, personal fees from Exactech, outside the submitted work.

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<tbody>
<tr>
<td>Andrew</td>
<td>Barrett</td>
<td>07-December-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Dr. Derek Amanatullah

5. Manuscript Title  
Direct Superior Approach to the Hip for Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Barrett has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Douglas

2. Surname (Last Name)  
   Roger

3. Date  
   07-December-2018

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

   Corresponding Author’s Name  
   Dr. Derek Amanatullah

5. Manuscript Title  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Greatbatch Medical

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. Roger reports other from Stryker, outside the submitted work; in addition, Dr. Roger has a patent Greatbatch Medical with royalties paid.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Rami

2. Surname (Last Name)  
   Ezzibdeh

3. Date  
   23-June-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author's Name  
   Derek Amanatullah M.D. PhD

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

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Mr. Ezzibdeh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Patrick

2. Surname (Last Name)
   Horst

3. Date
   20-June-2018

4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name
   Derek Amanatullah, MD, PhD

5. Manuscript Title
   Direct Superior Approach to the Hip for Total Hip Arthroplasty

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Horst has nothing to disclose.

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