ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<thead>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>John</td>
<td>Buza</td>
<td>01-May-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [ ] Yes  
- ✔️ No  

5. Manuscript Title  

- Navigation for Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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- [ ] Yes  
- ✔️ No

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- [ ] 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

---

**Corresponding Author’s Name**

Jonathan Vigdorchik
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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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Immediate family member is a paid employee of Stryker Corporation.

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Section 6. Disclosure Statement

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Dr. Buza reports that an immediate family member is a paid employee of Stryker Corporation.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ran
2. Surname (Last Name)  Schwarzkopf
3. Date  27-April-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Jonathan Vigdorchik
5. Manuscript Title  Navigation for Total Hip Arthroplasty
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.)?

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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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Dr. Schwarzkopf reports personal fees from Smith&Nephew, personal fees from Intelijoint, personal fees from Stryker, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Savyasachi

2. Surname (Last Name)  
   Thakkar

3. Date  
   27-April-2016

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

   Corresponding Author’s Name  
   Amy Wasterlain

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Jonathan

2. Surname (Last Name)  
Vigdorchik

3. Date  
02-May-2016

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

5. Manuscript Title  
Navigation for Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Amy

2. Surname (Last Name)  
Wasterlain

3. Date  
03-May-2016

4. Are you the corresponding author?  
☑ No

Corresponding Author's Name  
Jonathan Vigdorchik

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

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