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) Rene
2. Surname (Last Name) Monzon
3. Date 14-April-2019
4. Are you the corresponding author? ✔ Yes □ No
5. Manuscript Title Bone Cement in Total Hip and Knee 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.)? 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 6. Disclosure Statement

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

Rene Monzon has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gregory
2. Surname (Last Name) Disse
3. Date 21-April-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title Bone Cement in Total Hip and Knee 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.)? Are there any relevant conflicts of interest? ☑ 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? ☑ 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.

Mr. Disse has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Zachary

2. Surname (Last Name)  
   Lum

3. Date  
   19-April-2019

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

   Corresponding Author’s Name  
   Rene Monzon

5. Manuscript Title  
   Bone Cement in Total Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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[ ] Yes [x] No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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Dr. Lum reports non-financial support from Depuy Synthes, grants from Zimmer Biomet, outside the submitted work; .

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<td>22-April-2019</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

- Corresponding Author’s Name
  - Zachary Lum

5. Manuscript Title

- Bone Cement in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)

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