

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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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Stephen 2. Surname (Last Name) Incavo 3. Date 23-July-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Eighty-Six Percent Failure Rate of a Modular Neck-Stem Design at 3 - 5 Years: Lessons Learned

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP Royalties
Innomed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP Royalties
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP Royalties
Wright Medical Technology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP Royalties
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP Royalties; Paid Consultant; Stock or Stock Options

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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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Journal of Arthroplasty: Editorial or governing board
Knee Society: Board or committee member

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Section 6. Disclosure Statement

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Dr. Incavo reports personal fees from Biomet, personal fees from Innomed, personal fees from Smith & Nephew, personal fees from Wright Medical Technology, personal fees and other from Zimmer, outside the submitted work; and Journal of Arthroplasty: Editorial or governing board
Knee Society: Board or committee member.

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Section 1. Identifying Information

1. Given Name (First Name) Morteza	2. Surname (Last Name) Meftah	3. Date 23-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephen J. Incavo, MD
5. Manuscript Title Eighty-Six Percent Failure Rate of a Modular Neck-Stem Design at 3 - 5 Years: Lessons Learned		
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Dr. Meftah has nothing to disclose.

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1. Given Name (First Name) Jaya	2. Surname (Last Name) Paranilam	3. Date 23-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephen J. Incavo, MD
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Dr. Paraniyam has nothing to disclose.

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1. Given Name (First Name) Derek	2. Surname (Last Name) Bernstein	3. Date 23-July-2015
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