ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)  Andrew
2. Surname (Last Name)  Judge
3. Date  18-June-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Gulraj Matharu
5. Manuscript Title
   Can patient and radiological factors predict metal-on-metal hip resurfacings with evidence of a pseudotumour?
6. Manuscript Identifying Number (if you know it)
   JBJS-D-16-00212R2

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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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis Research UK</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Co-applicant on 18 month Clinical Research Fellowship grant which supports the first author (GM)</td>
</tr>
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</table>

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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tr>
<td>Anthera Pharmaceuticals, INC.</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Consulting services for the Data Safety and Monitoring Board (DSMB)</td>
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<tr>
<td>Servier</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>UK Renal Registry</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Oxford Craniofacial Unit</td>
<td>✔</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Blood Journal</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Statistical reviewer</td>
</tr>
<tr>
<td>Roche-Chugai</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Provided sponsorship towards the research project.</td>
</tr>
<tr>
<td>Freshfields Bruckhaus Deringer</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
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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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Dr. Judge reports personal fees from Anthera Pharmaceuticals, INC., personal fees from Servier, personal fees from UK Renal Registry, grants and personal fees from Oxford Craniofacial Unit, personal fees from Blood Journal, grants from Roche-Chugai, personal fees from Freshfields Bruckhaus Deringer, outside the submitted work; .
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Murray

3. Date  
   18-June-2016

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

   Corresponding Author’s Name  
   Gulraj Matharu

5. Manuscript Title  
   Can patient and radiological factors predict metal-on-metal hip resurfacings with evidence of a pseudotumour?

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<td>☑</td>
<td>☐</td>
<td>☐</td>
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</thead>
<tbody>
<tr>
<td>Zimmer Biomet</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Research funds paid to institution</td>
</tr>
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</thead>
<tbody>
<tr>
<td>Zimmer Biomet</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Receives royalties related to the unicompartmental knee replacement. Paid travel, accommodation, expenses for attending courses and meetings. Paid speaker / lecturer</td>
</tr>
<tr>
<td>Stryker</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research funds for studies looking at Exeter hip replacements &amp; periprosthetic fractures</td>
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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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Dr. Murray reports grants from Arthritis Research UK, during the conduct of the study; grants from Zimmer Biomet, personal fees from Zimmer Biomet, grants from Stryker, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Gulraj

2. Surname (Last Name)  
   Matharu

3. Date  
   18-June-2016

4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title  
   Can patient and radiological factors predict metal-on-metal hip resurfacings with evidence of a pseudotumour?

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Are there any relevant conflicts of interest?  
   Yes ☑ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<tbody>
<tr>
<td>Arthritis Research UK</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Awarded an 18 month Clinical Research Fellowship from August 2015 during which time this study was undertaken.</td>
</tr>
<tr>
<td>The Royal College of Surgeons of England</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Salary funded for one-year (August 2014-2015) in the form of a Surgical Research Fellowship which included the research undertaken.</td>
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<th>Comments</th>
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<tr>
<td>The Royal Orthopaedic Hospital Hip Research and Education Charitable Fund</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Grant provided for PhD tuition fees and conference travel to present other research work.</td>
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2. Surname (Last Name)  Pandit
3. Date  18-June-2016
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   Corresponding Author’s Name  Gulraj Matharu
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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>
</tr>
</thead>
<tbody>
<tr>
<td>Zimmer Biomet</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Research funds paid to institution</td>
</tr>
<tr>
<td>Zimmer Biomet</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Paid speaker / lecturer</td>
</tr>
</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Zimmer Biomet</td>
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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Paid travel, accommodation, expenses for attending courses and meetings</td>
</tr>
</tbody>
</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

**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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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

**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. Pandit reports grants from Zimmer Biomet, personal fees from Zimmer Biomet, personal fees from Zimmer Biomet, outside the submitted work; .
Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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.
2. The work under consideration for publication.
   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”.

3. Relevant financial activities outside the submitted work.
   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.
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   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kawaljit

2. Surname (Last Name)  
   Dhaliwal

3. Date  
   18-June-2016

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

Corresponding Author’s Name
   Gulraj Matharu

5. Manuscript Title  
   Can patient and radiological factors predict metal-on-metal hip resurfacings with evidence of a pseudotumour?

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-16-00212R2

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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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1. Given Name (First Name)  
Oliver  

2. Surname (Last Name)  
Blanshard

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18-June-2016

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Dr. Blanshard has nothing to disclose.

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