

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

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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.

Use this section to report 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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**Other:** Anything not covered under the previous three boxes

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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) Alwina      2. Surname (Last Name) Bender      3. Date 11-October-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Georg Bergmann

5. Manuscript Title  
Physical Activities that Cause High Friction Moments at the Cups of Hip Implants

6. Manuscript Identifying Number (if you know it)

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

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Deutsche Forschungsgemeinschaft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projects SFB760, BE 804/19-1
Bundesministerium für Bildung und Forschung	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project BMBF 01EC1408
Deutsche Arthroshilfe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charitable Organization

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

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Dr. Bender reports grants from Deutsche Forschungsgemeinschaft, grants from Bundesministerium für Bildung und Forschung, grants from Deutsche Arthrosehilfe, during the conduct of the study; .

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1. Given Name (First Name) Georg      2. Surname (Last Name) Bergmann      3. Date 11-October-2017

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Physical Activities that Cause High Friction Moments at the Cups of Hip Implants

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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1. Given Name (First Name)  
Philipp

2. Surname (Last Name)  
Damm

3. Date  
11-October-2017

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Corresponding Author's Name  
Georg Bergmann

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### Section 1. Identifying Information

1. Given Name (First Name)  
Georg

2. Surname (Last Name)  
Duda

3. Date  
11-October-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Georg Bergmann

5. Manuscript Title  
Physical Activities that Cause High Friction Moments at the Cups of Hip Implants

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Deutsche Forschungsgemeinschaft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projects SFB760, BE 804/19-1
Bundesministerium für Bildung und Forschung	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project BMBF 01EC1408
Deutsche Arthroshilfe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charitable Organization

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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. Dymke reports grants from Deutsche Forschungsgemeinschaft, grants from Bundesministerium für Bildung und Forschung, grants from Deutsche Arthrosehilfe, during the conduct of the study; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.