

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Skinner

3. Date
07-June-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Anna Di Laura

5. Manuscript Title
Retrieval Findings of Recalled Dual-Taper Hips.

6. Manuscript Identifying Number (if you know it)

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Dr. Skinner reports grants from Stryker, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Anna

2. Surname (Last Name)
Di Laura

3. Date
22-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Retrieval Findings of Recalled Dual-Taper Hips.

6. Manuscript Identifying Number (if you know it)

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Anna Di Laura 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) _____ Alister

2. Surname (Last Name) _____ Hart

3. Date _____ 22-June-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name _____ Anna Di Laura

5. Manuscript Title _____ Retrieval Findings of Recalled Dual-Taper Hips.

6. Manuscript Identifying Number (if you know it) _____

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1. Given Name (First Name) Harry	2. Surname (Last Name) Hothi	3. Date 22-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Di Laura
5. Manuscript Title Retrieval Findings of Recalled Dual-Taper Hips.		
6. Manuscript Identifying Number (if you know it)		

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

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Section 1. Identifying Information

1. Given Name (First Name)
Young-Min

2. Surname (Last Name)
Kwon

3. Date
06-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Di Laura A

5. Manuscript Title
Retrieval Findings of Recalled Dual-Taper Hips.

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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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

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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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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?

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

Dr. Kwon has nothing to disclose.

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