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.

1. Identifying information.

2. The work under consideration for publication.

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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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**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)  
   Paul

2. Surname (Last Name)  
   Beaule

3. Date  
   23-March-2020

4. Are you the corresponding author?  
   Yes □ No □

5. Manuscript Title  
   Safety of single-stage bilateral vs unilateral anterior total hip arthroplasty: a propensity-matched cohort study

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00105R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes □ No □

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Are there any relevant conflicts of interest?  
   Yes □ 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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<th>Other?</th>
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</tbody>
</table>
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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

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Dr. Beaule reports personal fees from Corin, personal fees from MicroPort, grants and personal fees from Zimmer Biomet, personal fees from MatOrtho, personal fees from Medacta, grants from DePuy Synthes, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  

Johanna

2. Surname (Last Name)  

Dobransky

3. Date  

23-March-2020

4. Are you the corresponding author?  

[ ] Yes  

[✓] No

Corresponding Author’s Name  

Dr Paul Beaule

5. Manuscript Title  

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JBJS-D-20-00105R1

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[ ] 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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Johanna Dobransky has no conflicts of interest to disclose.

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1. Given Name (First Name)  
   Stephane

2. Surname (Last Name)  
   Poitras

3. Date  
   23-March-2020

4. Are you the corresponding author?  
   ✗ No

5. Manuscript Title  
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1. Given Name (First Name) Jens
2. Surname (Last Name) Vanbiervliet
3. Date 23-March-2020

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Dr Paul Beaule

5. Manuscript Title
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