

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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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.

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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)
Jonathan

2. Surname (Last Name)
Lamb

3. Date
09-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk factors for revision of polished taper-slip cemented stems for postoperative periprosthetic femoral fracture after primary total hip replacement: A registry based cohort study from the National Joint Registry for England, Wales, Northern

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01242R1

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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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
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy, research
DePuy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Grant, Implants given for testing in another project

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

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

Dr. Lamb reports personal fees from Zimmer Biomet, grants and other from DePuy Synthes, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) HEMANT	2. Surname (Last Name) PANDIT	3. Date 09-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name JN Lamb
5. Manuscript Title Risk factors for revision of polished taper-slip cemented stems for postoperative periprosthetic femoral fracture after primary total hip replacement: A registry based cohort study from the National Joint Registry for England, Wales, Northern		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01242R1		

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
ZIMMER BIOMET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDACTA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
DEPUY SYNTHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GLAXO SMITH KLINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MERIL LIFE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INVIBIO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BRISTOL MYERS SQUIBB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KENNEDYS LAW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 6. Disclosure Statement

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Dr. PANDIT reports grants, personal fees and non-financial support from ZIMMER BIOMET, personal fees and non-financial support from MEDACTA, grants, personal fees and non-financial support from DEPUY SYNTHES, grants from GLAXO SMITH KLINE, personal fees and non-financial support from MERIL LIFE, grants from INVIBIO, personal fees from BRISTOL MYERS SQUIBB, grants from KENNEDYS LAW, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Sameer

2. Surname (Last Name)
Jain

3. Date
01-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jonathan Lamb

5. Manuscript Title

Risk factors for revision of polished taper-slip cemented stems for postoperative periprosthetic femoral fracture after primary total hip replacement: A study from the National Joint Registry for England, Wales, Northern Ireland and the Isle of

6. Manuscript Identifying Number (if you know it)

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Dr. Jain has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
West

3. Date
09-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
J. Lamb

5. Manuscript Title

Risk factors for revision of polished taper-slip cemented stems for postoperative periprosthetic femoral fracture after primary total hip replacement: A registry based cohort study from the National Joint Registry for England, Wales, Northern

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1. Given Name (First Name)
Samuel

2. Surname (Last Name)
King

3. Date
09-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
J. Lamb

5. Manuscript Title

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