

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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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Lucian Bogdan

2. Surname (Last Name) Solomon

3. Date 26-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name Jasvir Bahl

5. Manuscript Title
Changes in 24-hour physical activity patterns and walking gait biomechanics in the first two years following primary total hip arthroplasty

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

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 Ltd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator Initiated Grant
Australian Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator Initiated Grant

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. Solomon reports grants from Zimmer Ltd, grants from Australian Research Council, 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) Stuart 2. Surname (Last Name) Callary 3. Date 26-August-2020

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

5. Manuscript Title
Changes in 24-hour physical activity patterns and walking gait biomechanics in the first two years following primary total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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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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The Royal Adelaide Hospital Research Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mary Overton Early Career Fellowship

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. Callary reports grants from Zimmer Ltd and grants from The Royal Adelaide Hospital Research Fund, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dominic

2. Surname (Last Name)
Thewlis

3. Date
26-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jasvir Bahl

5. Manuscript Title
Changes in 24-hour physical activity patterns and walking gait biomechanics in the first two years following primary total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Thewlis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
François

2. Surname (Last Name)
Frayse

3. Date
24-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jasvir Bahl

5. Manuscript Title
Changes in 24-hour physical activity patterns and walking gait biomechanics in the first two years following primary total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Fraysse has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Arnold

3. Date
25-August-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jasvir Bahl

5. Manuscript Title
Changes in 24-hour physical activity patterns and walking gait biomechanics in the first two years following primary total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Health & Medical Research Council of Australia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Grant 1120560

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Arthritis Australia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant-in-aid
The Hospital Research Foundation / SA Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Arnold has nothing to disclose.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jasvir

2. Surname (Last Name)

Bahl

3. Date

26-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Changes in 24-hour physical activity patterns and walking gait biomechanics in the first two years following primary total hip arthroplasty

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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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

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Dr. Bahl has nothing to disclose.

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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".

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Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Taylor	3. Date 27-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jasvir S. Bahl
5. Manuscript Title Changes in 24-hour physical activity patterns and walking gait biomechanics in the first two years following primary total hip arthroplasty		
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

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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

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Section 1. Identifying Information

1. Given Name (First Name) Stuart	2. Surname (Last Name) Millar	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jasvir Bahl
5. Manuscript Title Changes in 24-hour physical activity patterns and walking gait biomechanics in the first two years following primary total hip arthroplasty		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Millar has nothing to disclose.

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