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.

   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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Amling
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Amling

3. Date  
   19-October-2020

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author’s Name  
   Tim Rolvien

5. Manuscript Title  
   Multiscale characterization of allograft chip incorporation in acetabular reconstruction reveals their osteoconductive capacity

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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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?  
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Dr. Amling 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)**  
   Frank Timo

2. **Surname (Last Name)**  
   Beil

3. **Date**  
   19-October-2020

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

   **Corresponding Author’s Name**  
   Tim Rolvien

5. **Manuscript Title**  
   Multiscale characterization of allograft chip incorporation in acetabular reconstruction reveals their osteoconductive capacity

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?  
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   - [x] No

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

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Are there any relevant conflicts of interest?  
   - [ ] Yes  
   - [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

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

Beil
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Beil has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sebastian  

2. Surname (Last Name)  
   Butscheidt  

3. Date  
   19-October-2020  

4. Are you the corresponding author?  
   Yes  
   No  

   Corresponding Author’s Name  
   Tim Rolvien  

5. Manuscript Title  
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Dr. Butscheidt has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  Thorsten
2. Surname (Last Name)  Gehrke
3. Date  19-October-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  
Multiscale characterization of allograft chip incorporation in acetabular reconstruction reveals their osteoconductive capacity
6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td>Speaker/Consultant</td>
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Dr. Gehrke reports personal fees from Waldemar Link, Hamburg, Germany, personal fees from Zimmer, Warsaw, USA, personal fees from CeramTec, Plochingen, Germany, personal fees from Heraeus Germany, other from Microport, outside the submitted work.

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**Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Hahn

3. Date  
   19-October-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Tim Rolvien

5. Manuscript Title  
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Dr. Hahn has nothing to disclosure.

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Section 1. Identifying Information

1. Given Name (First Name)  
Klaus

2. Surname (Last Name)  
Püschel

3. Date  
19-October-2020

4. Are you the corresponding author?  
Yes ☐  No ☑

Corresponding Author’s Name  
Tim Rolvien

5. Manuscript Title  
Multiscale characterization of allograft chip incorporation in acetabular reconstruction reveals their osteoconductive capacity

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Püschel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Tim

2. Surname (Last Name) 
   Rolvien

3. Date 
   19-October-2020

4. Are you the corresponding author? 
   ✔ Yes   No

5. Manuscript Title 
   Multiscale characterization of allograft chip incorporation in acetabular reconstruction reveals their osteoconductive capacity

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? 
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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Dr. Rolvien 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)
   Julian

2. Surname (Last Name)
   Stürznickel

3. Date
   19-October-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name
   Tim Rolvien

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Simon
2. Surname (Last Name)  von Kroge
3. Date  19-October-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name  Tim Rolvien

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