

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

#### 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) Layla	2. Surname (Last Name) Al-Shihabi	3. Date 02-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pat Campbell
5. Manuscript Title Bone attachment on a new design of cementless stem and a widely used cup: Post-mortem retrieval findings.		
6. Manuscript Identifying Number (if you know it) EMID:a326f5c3ad022cf1		

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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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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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Dr. Al-Shihabi has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name) Patricia	2. Surname (Last Name) Campbell	3. Date 02-January-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Bone attachment on a new design of cementless stem and a widely used cup: Post-mortem retrieval findings.		
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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy Synthes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Neda

2. Surname (Last Name)  
Gilmartin

3. Date  
02-January-2020

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

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

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1. Given Name (First Name)  
William

2. Surname (Last Name)  
Hamilton

3. Date  
02-January-2020

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

5. Manuscript Title  
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DePuy Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Implant development , primary investigator of funded studies

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Sang-Hyun

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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. Park reports grants from DePuy Synthes, during the conduct of the study; grants from DePuy Synthes, outside the submitted work; .

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