ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.
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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Sebastian</td>
<td>Mukka</td>
<td>23-August-2020</td>
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4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
   The Effect of Body Mass Index Class on Patient-reported Health-related Quality of Life Before and After Total Hip Arthroplasty for osteoarthritis

6. Manuscript Identifying Number (if you know it)
   JBJSOA-D-20-00100R1

### 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?  ✔ No

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

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Are there any relevant conflicts of interest?  ✔ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ No
Section 5. Relationships not covered above

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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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Mukka has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Ola

2. Surname (Last Name)  
Rolfson

3. Date  
23-August-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Sebastian Mukka

5. Manuscript Title  
The Effect of Body Mass Index Class on Patient-reported Health-related Quality of Life Before and After Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)  
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Section 2. The Work Under Consideration for Publication

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☑ Yes  ☐ No

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</tr>
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<td></td>
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<td>Compensation for educational activities</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
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Dr. Rolfson reports personal fees from LINK Sweden, grants from Pfizer, outside the submitted work.

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Sayed-Noor
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Arkan

2. Surname (Last Name)  
Sayed-Noor

3. Date  
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4. Are you the corresponding author?  
☐ Yes  ☑ No  
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Sebastian Mukka

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Dr. Sayed-Noor has nothing to disclose.

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1. Given Name (First Name)  Maziar
2. Surname (Last Name)      Mohaddes
3. Date                     23-August-2020
4. Are you the corresponding author?  Yes ✔ No
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