

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Other relationships.

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Section 1.	Identifying Infor	mation	
1. Given Name (First Name) Alexander		2. Surname (Last Name) Kolb	3. Effective Date (07-August-2008) 04-November-2011
4. Are you the cor	responding author?	✓ Yes No	

5. Manuscript Title

Cementless Total Hip Arthroplasty with the Rectangular Titanium Zweymüller Stem. A Concise Follow-up, at a Minimum of Twenty Years, of a Previous Report

6. Manuscript Identifying Number (if you know it)

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	\checkmark					×
						ADD
2. Consulting fee or honorarium	\checkmark					×
						ADD
3. Support for travel to meetings for the study or other purposes	\checkmark					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×
						ADD
5. Payment for writing or reviewing the manuscript	\checkmark					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	\checkmark					×	
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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	\checkmark					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					×
						ADD
Payment for manuscript preparation	\checkmark					×



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
 Patents (planned, pending or issued) 	\checkmark					×
						ADD
9. Royalties	\checkmark					×
						ADD
10. Payment for development of educational presentations	\checkmark					×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×
						ADD
13. Other (err on the side of full disclosure)	\checkmark					×
						ADD

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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation					
1. Given Name (Fi Reinhard	rst Name)	2. Surname (Last Na Windhager, Univ.	,				
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Alexander Kolb				
5. Manuscript Title Cementless Total Hip Arthroplasty with the Rectangular Titanium Zweymüller Stem. A Concise Follow-up, at a Minimum of Twenty Years, of a Previous Report							
6. Manuscript Ide	ntifying Number (if you l	(now it)					

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×
ADD
×



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	\checkmark					×	
						ADD	

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	\checkmark					×	
						ADD	
2. Consultancy		\checkmark	\checkmark	Boehringer Ingelheim		×	
2. Consultancy		\checkmark	\checkmark	Pfizer		×	
2. Consultancy		\checkmark	\checkmark	Stryker		×	
2. Consultancy		\checkmark	\checkmark	Takeda		×	
2. Consultancy		\checkmark	\checkmark	DePuy		×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending			\checkmark	DePuy		×	
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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus		\checkmark	\checkmark	Takeda		×
6. Payment for lectures including service on speakers bureaus		\checkmark	\checkmark	Depuy		×
Payment for lectures including service on speakers bureaus		\checkmark	\checkmark	Böhringer Ingelheim		×
						ADD
7. Payment for manuscript preparation	\checkmark					×
						ADD
 Patents (planned, pending or issued) 	\checkmark					×
						ADD
9. Royalties		\checkmark		Depuy		×
						ADD
10. Payment for development of educational presentations		\checkmark	\checkmark	Depuy		×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 			\checkmark	Boehringer Ingelheim		×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 			\checkmark	Pfizer		×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 			\checkmark	Stryker		×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 			\checkmark	Takeda		×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 			\checkmark	DePuy		×
						ADD
13. Other (err on the side of full disclosure)	\checkmark					×



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Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Alexandra	2. Surname (Last Name) Kaider	3. Effective Date (07-August-2008) 04-November-2011
4. Are you the corresponding author?	Yes Vo Corresponding Author's	
5. Manuscript Title	Albonati	

Cementless Total Hip Arthroplasty with the Rectangular Titanium Zweymüller Stem. A Concise Follow-up, at a Minimum of Twenty Years, of a Previous Report

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The Work Under Consideration f	or Pub	lication				الله ودفا
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	\checkmark					×
						ADD
2. Consulting fee or honorarium	\checkmark					×
						ADD
3. Support for travel to meetings for the study or other purposes	\checkmark					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	√					×
						ADD
Payment for writing or reviewing the manuscript	\checkmark					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×
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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						AD

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Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	\checkmark					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
 Payment for lectures including service on speakers bureaus 	\checkmark					×
						ADD
7. Payment for manuscript preparation	\checkmark					×



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
 Patents (planned, pending or issued) 	\checkmark					×
						ADD
9. Royalties	\checkmark					×
						ADD
10. Payment for development of educational presentations	\checkmark					×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×
						ADD
13. Other (err on the side of full disclosure)	\checkmark					×
						ADD

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Kouder Aluandra, 04.11.2011

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ICMJE Form for Disclosu	re of Potential Conflicts	of Interest

Section 1. Identifying Inform	nation	
1. Given Name (First Name) Chou Cotte - Dorothe	2, Surname (Last Name) Schneckene	3. Effective Date (07-August-2008) 04-November-2011
4. Are you the corresponding author?	Yes XNo	

 Manuscript Title
 Cementless Total Hip Arthroplasty with the Rectangular Tltanlum Zweymüller Stem. A Concise Follow-up, at a Minimum of Twenty Years, of a Previous Report
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Type No Paid Your Name of Entity to You Institution*	Comments**	
1-Grant		
2. Consulting tee or Homoratium		< 20
3. Support for travel someetings for the study of other purposes	A	K DD
A. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	· · · · · · ·	×
5. Payment for writing of reviewing the manuscript	> >	200
6. Provision of writing assistance. medicines, equipment, or administrative support		2

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ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration	on for Publication				
Туре	No Paid to You	Money to Your Institution*	Name of Entity	Comm	ents+*
7. Other			••••	į	
* This means money that your institu: ** Use this section to provide any new		fforts on this study.			W (19)
	ncial activities out	<u>.</u>			
Place a check in the appropriate b of compensation) with entities as clicking the "Add +" box. You sho	described in the insti	ructions. Use one	line for each ent	ity; add as many lir	nes as you need by
clicking the Add + box. Tod she	www.reportreationsh	ips that were pre:	sent outrig the st	s months prior to s	dD(11)3310(1).
Complete each row by checking *	'No" or providing the	requested inform	ation. If you have	e more than one re	ationship click th
Complete each row by checking " "Add" button to add a row. Exces				e more than one re	elationship click th
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"Add" button to add a row. Exces Relevant financial activities o Type of Relationship (in	s rows can be remove outside the submit Money	ed by clicking the tted work Money to	"X" button.		nents
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"Add" button to add a row. Exces Relevant financial activities of Type of Relationship (in alphabetical order) 1: Board membership 2: Consultancy 3: Employment	s rows can be remove outside the submit No Paid to You II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ed by clicking the tted work Money to Your Institution*	"X" button.		nents A0 A0

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Payment for manuscript

ADD



Relevant financial activities outside the submitted wo	rk	······································
Type of Relationship (in alphabetical order) No You You Institu	ur	Comments
8. Patents (blanned, pending or Issued)		ADD
9 Royalties		× ADD
10. Payment for development of educational presentations		× ADD
11. Stock/stock options]	ADD
12. Travel/accommodations/ meeting expenses unrelated to]	X
13. Giben terr on the side of full.		× ADD

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4. Are you the co	rresponding author?	Yes	√ No	Corresponding Author's N Alexander Kolb	lame

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						ADD
2. Consulting fee or honorarium	\checkmark					×
						ADD
3. Support for travel to meetings for the study or other purposes	\checkmark					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×
						ADD
5. Payment for writing or reviewing the manuscript	\checkmark					×
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 Provision of writing assistance, medicines, equipment, or administrative support 	1			/	\cap	×
Lass					1	2



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						AD
. Other	\checkmark					×

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I. Board membership	\checkmark					>
						A
2. Consultancy	\checkmark					>
						A
3. Employment	\checkmark					>
						A
 Expert testimony 	\checkmark					3
5. Grants/grants pending	\checkmark					A
s. Grand/grand pending	V					A
 Payment for lectures including service on speakers bureaus 	\checkmark					>
						A
 Payment for manuscript preparation 	\checkmark				\bigcirc	3
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
 Patents (planned, pending or issued) 	\checkmark					×
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						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×
						ADD
13. Other (err on the side of full disclosure)	\checkmark					×
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4.

Other relationships

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?

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

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

З.

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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Use this section to report 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.



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Alexander	2. Surname (Last Name) Grübl	3. Effective Date (07-August-2008) 04-November-2011
4. Are you the corresponding author?		onding Author's Name ler Kolb

Cementless Total Hip Arthroplasty with the Rectangular Titanium Zweymüller Stem. A Concise Follow-up, at a Minimum of Twenty Years, of a Previous Report

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration f	or Pub	lication	and designed			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					×
2. Consulting fee or honorarium	•					ADD × ADD
3. Support for travel to meetings for the study or other purposes		\checkmark		Zimmer GmbH, Winterthur		× ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					× ADD
5. Payment for writing or reviewing the manuscript	\checkmark					×
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×
Grühl						



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Other	\checkmark					

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outs	ide the	e submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	\checkmark					×
2. Consultancy	\checkmark					ADD × ADD
3. Employment	\checkmark					×
4. Expert testimony	\checkmark					ADD × ADD
5. Grants/grants pending						×
 Payment for lectures including service on speakers bureaus 	1					ADD X ADD
7. Payment for manuscript preparation	\checkmark					×



Relevant financial activities outs	side the	e submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	\checkmark					ADD
9. Royalties	\checkmark		· 🗆			ADD X ADD
10. Payment for development of educational presentations	\checkmark					ADD X ADD
11. Stock/stock options	\checkmark					× ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		\checkmark		J&J DePuy, Austria		X
13. Other (err on the side of full disclosure)	√					ADD

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Use this section to report 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.



1. Given Name (First Name) Catharina	2. Surname (Last Name) Chiari	3. Effective Date (07-August-2008 04-November-2011
4. Are you the corresponding author?	Yes 🖌 No Correspondi	ng Author's Name
5. Manuscript Title Cementless Total Hip Arthroplasty wi Twenty Years, of a Previous Report	th the Rectangular Titanium Zweymüller	Stem. A Concise Follow-up, at a Minimum of

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						X
2. Consulting fee or honorarium	I					ADD × ADD
3. Support for travel to meetings for the study or other purposes			, ,			× ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						×
5. Payment for writing or reviewing the manuscript	V					ADD × ADD
6. Provision of writing assistance, medicines, equipment, or administrative support						*



Type No Paid Four Name of Entry	Туре	No	Money Paid	Money to Your	Name of Entity	Comments**
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* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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Relevant financial activities out	Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	I					ADD
2. Consultancy						ADD
3. Employment						×
4. Expert testimony	V					× ADD
5. Grants/grants pending	1					× ADD
6. Payment for lectures including service on speakers bureaus	V					×
7. Payment for manuscript preparation						×



Type of Relationship (in	No	Money Paid to	Money to Your	Entity	Comments
alphabetical order)		You	Institution*		Al
8. Patents (planned, pending or issued)					A
9. Royalties					A
10. Payment for development of educational presentations					A
11. Stock/stock options	V				A
 Travel/accommodations/ meeting expenses unrelated to activities listed** 					
13. Other (err on the side of full disclosure)					A

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