

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.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Danyal

2. Surname (Last Name)
Nawabi

3. Date
08-August-2014

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

5. Manuscript Title
Comprehensive Analysis of a Recalled Modular Total Hip Stem and Recommendations for Management

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Allison

2. Surname (Last Name)
Ruel

3. Date
08-July-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Danyal Nawabi, MD

5. Manuscript Title
Comprehensive Analysis of a Recalled Modular Total Hip Stem and Recommendations for Management

6. Manuscript Identifying Number (if you know it)

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Dr. Ruel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Brett

2. Surname (Last Name)
Lurie

3. Date
09-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Danyal Nawabi, MD

5. Manuscript Title
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Dr. Lurie 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) Geoffrey	2. Surname (Last Name) Westrich	3. Date 07-July-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Danyal Nawabi, MD
5. Manuscript Title Comprehensive Analysis of a Recalled Modular Total Hip Stem and Recommendations for Management		
6. Manuscript Identifying Number (if you know it) 		

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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
Stryker Orthopedics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support and I am a consultant.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker Orthopedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a consultant for Stryker Orthopedics

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Westrich reports grants and personal fees from Stryker Orthopedics, during the conduct of the study; personal fees from Stryker Orthopedics, outside the submitted work; .

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1. Given Name (First Name) Hollis	2. Surname (Last Name) Potter	3. Date 08-July-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Danyal Nawabi, MD
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Institutional research support, General Electric Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional research support
NIH/NIAMS 1RO1 AR064840-01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Potter reports other from Institutional research support, General Electric Healthcare, grants from NIH/NIAMS 1RO1 AR064840-01, outside the submitted work; .

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1. Given Name (First Name)

Marcella

2. Surname (Last Name)

Elpers

3. Date

07-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Danyal Nawabi, MD

5. Manuscript Title

Comprehensive Analysis of a Recalled Modular Total Hip Stem and Recommendations for Management

6. Manuscript Identifying Number (if you know it)

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Timothy

2. Surname (Last Name)

Wright

3. Date

07-July-2014

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☒ No

Corresponding Author's Name

Danyal Nawabi, MD

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1. Given Name (First Name) Huong	2. Surname (Last Name) Do	3. Date 11-July-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Danyal Nawabi, MD
5. Manuscript Title Outcomes of Total Hip Stem Modularity – Evaluation of Adverse Tissue Responses in a Single Surgeon Series of 216 Cases		
6. Manuscript Identifying Number (if you know it) 		

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