

Instructions

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| Section 1. Identifying Inform | nation | |
|--|---|---|
| 1. Given Name (First Name) Matthew P. | 2. Surname (Last Name) Abdel, MD | 3. Date 24-July-2014 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title Total Hip Arthroplasty after Operativel | y Treated Acetabular Fracture: A Cond | cise Follow-up Report at 20 Years |
| 6. Manuscript Identifying Number (if you k | now it) | |
| | | |
| Section 2. The Work Under C | onsideration for Publication | |
| | | y (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation, |
| Are there any relevant conflicts of inter | rest? Yes 🖌 No | |
| | | |
| Section 3. Relevant financial | activities outside the submittee | l work. |
| of compensation) with entities as desc | ribed in the instructions. Use one line port relationships that were present | nave financial relationships (regardless of amount for each entity; add as many lines as you need by during the 36 months prior to publication . |

Section 4. Intellectual Property -- Patents & Copyrights

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🛛 🗸 No | Do you have a | iny patents, w | hether planned, | pending o | or issued, | broadly relevan | nt to the work? | | Yes | \checkmark | No |
|---|---------------|----------------|-----------------|-----------|------------|-----------------|-----------------|--|-----|--------------|----|
|---|---------------|----------------|-----------------|-----------|------------|-----------------|-----------------|--|-----|--------------|----|



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Dr. Abdel, MD has nothing to disclose.

Evaluation and Feedback



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| Section 1. | dentifying Inforn | nation | | | |
|---|-----------------------|-------------------------------------|---|--|--|
| 1. Given Name (First Daniel J. | Name) | 2. Surname (Last Name) Berry, MD | 3. Date 24-July-2014 | | |
| 4. Are you the corresponding author? Yes 🖌 No | | Yes 🖌 No | Corresponding Author's Name Matthew P. Abdel, MD | | |
| 5. Manuscript Title Total Hip Arthropla | sty after Operatively | / Treated Acetabular Frac | ture: A Concise Follow-up Report at 20 Years | | |
| 6. Manuscript Identif | ying Number (if you k | now 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 (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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees | Non-Financial Support? | Other? | Comments | |
|-------------------------------------|--------|------------------|---------------------------|--------------|---|--|
| DePuy | | \checkmark | | | Hip & knee implant development | |
| Wolters Kluwer | | \checkmark | | | Royalties on hip/knee arthroplasty books | |
| Elsevier | | \checkmark | | | Royalties on hip/knee arthroplasty books | |
| American Joint Replacement Registry | | | | \checkmark | Board of Directors member | |



Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗸 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.

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments | |
|--------------------------------|----------|--------------|-----------|------------|-----------|----------|--|
| Related to hip & knee implants | | \checkmark | | | | | |

Section 5. Relationships not covered above

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Dr. Berry, MD reports personal fees from DePuy, personal fees from Wolters Kluwer, personal fees from Elsevier, other from American Joint Replacement Registry, outside the submitted work; In addition, Dr. Berry, MD has a patent Related to hip & knee implants issued.

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|--|---|---|----------------------------------|
| 1. Given Name (First Name) W. Scott | 2. Surname (Last Name) Harmsen MS | | 3. Date 24-July-2014 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Na Matthew P. Abdel, MD | me |
| 5. Manuscript Title Total Hip Arthroplasty after Operativel | y Treated Acetabular Frac | ture: A Concise Follow-up R | eport at 20 Years |
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| | | | |
| Section 2. The Work Under C | Consideration for Publ | ication | |
| Did you or your institution at any time rec any aspect of the submitted work (includin statistical analysis, etc.)? | | | |
| Are there any relevant conflicts of inter | rest? Yes 🖌 No | | |
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| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inter | ribed in the instructions. Leport relationships that we | Jse one line for each entity; a | add as many lines as you need by |
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|---|--|--|---------|
| 1. Given Name (First Name) Phillipp | 2. Surname (Last Name) von Roth, MD | 3. Date 24-July-2014 | |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Matthew P. Abdel, MD | |
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| Section 2. The Work Under C | onsideration for Public | cation | |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc ata monitoring board, study design, manuscript preparation, | :.) for |
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