

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.

Identifying information.

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.

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Yang 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Charlie	2. Surname (Last Name) Yang		3. Date 15-March-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Direct Anterior Hip Replacement Does I	Not Pose Undue Radiation	Exposure Risk to the	Patient or Surgeon
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repart there any relevant conflicts of interesting the series of the series	ibed in the instructions. Use port relationships that were est?	se one line for each er	ntity; add as many lines as you need by
Name of Entity	Grant	n-Financial other?	Comments
DePuy, A Johnson & Johnson Company			
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Yang 2



Section 5.	
Section 5.	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the following	ng relationships/conditions/circumstances are present (explain below):
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. als may ask authors to disclose further information about reported relationships.
Continue	
Section 6.	Disclosure Statement
Based on the above below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Yang reports pe	ersonal fees from DePuy, A Johnson & Johnson Company, outside the submitted work; .

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Yang 3



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Royalties: Funds are coming in to you or your institution due to your patent

McNabb 1



Section 1. Identifying Inf	ormation	
1. Given Name (First Name) David Clinton	2. Surname (Last Name) McNabb	3. Date 15-March-2017
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Jason Jennings
5. Manuscript Title Direct Anterior Hip Replacement D	oes Not Pose Undue Radiation	Exposure Risk to the Patient or Surgeon
6. Manuscript Identifying Number (if ye	ou know it)	
Section 2. The Work Under	er Consideration for Public	ation
any aspect of the submitted work (inclustatistical analysis, etc.)?	iding but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of in	nterest?	
Section 3. Polovant finan	cial activities outside the s	thusiated would
Place a check in the appropriate bo of compensation) with entities as d clicking the "Add +" box. You shoul Are there any relevant conflicts of in	xes in the table to indicate whe escribed in the instructions. Use d report relationships that were nterest?	other you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
If yes, please fill out the appropriate		
Name of Entity	Grant? Personal Non	-Financial Other? Comments
ConvaTec		
Section 4. Intellectual Pro	perty Patents & Copyrig	hts
Do you have any patents, whether	planned, pending or issued, bro	oadly relevant to the work? Yes V No

McNabb 2



Section 5. Polationships not severed above
Relationships not covered above
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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. McNabb reports personal fees from ConvaTec, outside the submitted work; .

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Levy 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Daniel	rst Name)	2. Surname (Last Name) Levy	3. Date 15-March-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Jason Jennings
5. Manuscript Title Direct Anterior H		Not Pose Undue Radiation	Exposure Risk to the Patient or Surgeon
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts
Do you have any			roadly relevant to the work? Yes V No

Levy 2



Section 5. Polationships not sovered above
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Section 6. Disclosure Statement
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Dr. Levy has nothing to disclose.

Evaluation and Feedback

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patent

Jennings 1



Section 1. Iden	tifying Informatio	on I			
1. Given Name (First Name	e) 2. S	Surname (Last Nam nnings	e)		3. Date 15-March-2017
4. Are you the correspond	ing author?	Yes No			
5. Manuscript Title Direct Anterior Hip Repl	acement Does Not P	ose Undue Radia	tion Exposure R	isk to the Patie	ent or Surgeon
6. Manuscript Identifying	Number (if you know it	.)			
Section 2. The V	Vork Under Consi	deration for Pu	blication		
any aspect of the submitte statistical analysis, etc.)?	d work (including but r	not limited to grant	s, data monitoring		ommercial, private foundation, etc.) for lesign, manuscript preparation,
Are there any relevant c	onflicts of interest?	Yes ✓ N	lo		
Section 2					
Section 3. Relev	ant financial activ	vities outside t	he submitted	work.	
of compensation) with 6	entities as described i	in the instruction	s. Use one line fo	or each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.
Are there any relevant c			lo		
If yes, please fill out the	appropriate informa	tion below.			
Name of Entity	Gr	ant? Personal Fees?	Non-Financial Support?	Other? Co	omments
Total Joint Orthopedic		✓			
DePuy, A Johnson & Johnson	Company [✓			
Section 4. Intell	ectual Property	Patents & Cop	yrights		
Do you have any patent				ant to the work	</th

Jennings 2



Section 5. Relationships not covered above
Relationships not covered above
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Dr. Jennings reports personal fees from Total Joint Orthopedic, personal fees from DePuy, A Johnson & Johnson Company, outside the submitted work; .

Evaluation and Feedback

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Jennings 3



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1

Kim



Section 1. Identify	ing Information				
Given Name (First Name) Raymond	2. Surname (Last Name) Kim	3. Date 15-March-2017			
4. Are you the corresponding	author? Yes ✓ No	Corresponding Author's Name Jason Jennings			
5. Manuscript Title Direct Anterior Hip Replace	ment Does Not Pose Undue Radiation	on Exposure Risk to the Patient or Surgeon			
6. Manuscript Identifying Nun	nber (if you know it)				
Section 2. The Wor	k Under Consideration for Pub	plication			
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Section 3. Relevant financial activities outside the submitted work.					
Place a check in the approp of compensation) with enti- clicking the "Add +" box. Yo Are there any relevant conf	riate boxes in the table to indicate v ties as described in the instructions. ou should report relationships that w	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .			
Name of Entity	Grant? Personal N	Non-Financial Other? Comments			
Ceramtec					
Convatec					
OJ Orthopaedics					
nnomed					

Kim 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
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Dr. Kim reports personal fees from Ceramtec, personal fees from Convatec, personal fees from DJ Orthopaedics, personal fees from Innomed, outside the submitted work; and ICJR: Board or committee member.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Ide	entifying Inform	nation		
1. Given Name (First Na Todd	ame)	2. Surname (Last Na Miner	me)	3. Date 15-March-2017
4. Are you the correspo	onding author?	☐ Yes ✓ No	Corresponding Au Jason Jennings	thor's Name
5. Manuscript Title Direct Anterior Hip R	eplacement Does I	Not Pose Undue Radi	ation Exposure Risk to th	ne Patient or Surgeon
6. Manuscript Identifyii	ng Number (if you kr	now it)		
Cartina				
Section 2. The	e Work Under C	onsideration for P	ublication	
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? Yes No				
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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 .				
Are there any relevan			No	
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Name of Entity		Grant? Personal Fees?	Non-Financial Support?	? Comments
DePuy				Research Support
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Porter Adventist Hospital				Research Support
7immer				Research Support

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Section 4. Intellectual Property - Patents & Convergets
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume 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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Operation Walk Denver- I am Board Chairman: Board or committee member
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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Miner reports other from DePuy, other from DePuy, A Johnson & Johnson Company, other from Porter Adventist Hospital, personal fees and other from Zimmer, outside the submitted work; and Operation Walk Denver- I am Board Chairman: Board or committee member.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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