

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. 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".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
William

2. Surname (Last Name)  
Brien

3. Date  
18-April-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Brad Penenberg, MD

5. Manuscript Title  
Digital Radiography in Total Hip Arthroplasty: Technique and Radiographic Results

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Brien has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Brad

2. Surname (Last Name)  
Penenberg

3. Date  
19-October-2016

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

5. Manuscript Title  
Digital Radiography in Total Hip Arthroplasty: Technique and Radiographic Results

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 (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

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

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Radlink	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Board Member for Radlink

### 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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
Surgeons Checklist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radlink	Portions of the software utilized are included in a U.S. patent for the "surgeons checklist".	

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Dr. Penenberg reports personal fees and non-financial support from Radlink, outside the submitted work. In addition, Dr. Penenberg has a patent Surgeons Checklist licensed to Radlink.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sean

2. Surname (Last Name)  
Rajae

3. Date  
02-December-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Brad Penenberg, MD

5. Manuscript Title  
Digital Radiography in Total Hip Arthroplasty: Technique and Radiographic Results

6. Manuscript Identifying Number (if you know it)

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Dr. Rajaei 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)  
Antonia

2. Surname (Last Name)  
Woehnl

3. Date  
22-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Brad Penenberg, MD

5. Manuscript Title  
Digital Radiography in Total Hip Arthroplasty: Technique and Radiographic Results

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Dr. Woehnl has nothing to disclose.

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Sanjum

2. Surname (Last Name)  
Samagh

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02-December-2016

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☐ Yes ☒ No

Corresponding Author's Name  
Brad Penenberg, MD

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Dr. Samagh has nothing to disclose.

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