

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

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

Porter 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Martyn	rst Name)	2. Surname (Last Name) Porter	3. Date 06-January-2017	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Prof Ashley Blom	
•	he Introduction of New	Technology: Comparative	e Survivorship Modelling of Metal-on-Metal Hip Registry	
	ntifying Number (if you kr		, , , , , , , , , , , , , , , , , , ,	
Section 2.	The Work Under Co	onsideration for Public	ation	
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				
Are there any rei	evant connects of intere	.st. [] 163 [y] 110		
Section 3.				
	Relevant financial	activities outside the s	ubmitted 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 .				
Are there any rel	evant conflicts of intere	est? Yes ✓ No		
Section 4.	Intellectual Proper	ty Patents & Copyrig	yhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Porter 2



Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest
Mr Porter is Medical Director of the National Joint Registry Mr Porter received royalties from DePuy International for a cemented stem (C stem AMT) which expired over 5 years ago
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships. Section 6. Disclosure Statement
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Porter 3



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Beswick 1



Section 1. Identif	ying Information					
1. Given Name (First Name) Andrew	2. Surnan Beswick	ne (Last Name)			3. Date 06-January-2017	
4. Are you the corresponding	g author? Yes	✓ No	Correspond Prof Ashley	•	or's Name	
5. Manuscript Title Implications of the Introdu Replacement to Contemp	-			p Modelli	ing of Metal-on-Metal Hip	_
6. Manuscript Identifying Nu	mber (if you know it)		_			
	rk Under Considerat			'a a vara na a	ant commercial private foundation etc.) f	
					ent, commercial, private foundation, etc.) foundation, etc.) foundation, manuscript preparation,	or
Are there any relevant con			ve more than	one entit	ty press the "ADD" button to add a rov	۸,
Excess rows can be remove	•	•	re more trian	One entire	button to add a for	'V.
Name of Institution/Com	Grant?	_	n-Financial upport <mark>?</mark>	Other?	Comments	
Healthcare Quality Improvemen	t Partnership				Study funded by a grant from Healthcare Quality Improvement Partnership (National Joint Registry)	
Section 3. Relevan	nt financial activities	outside the s	submitted v	work.		
of compensation) with ent	ities as described in the	instructions. Us	se one line fo	r each en	ial relationships (regardless of amoun atity; add as many lines as you need by a 36 months prior to publication.	
Are there any relevant con	flicts of interest?	res ✓ No				
Section 4. Intellec	tual Property Pate	nts & Copyri <u>c</u>	ghts			
Do you have any patents, v	whether planned, pendi	ng or issued, br	oadly releva	nt to the v	work? Yes V No	

Beswick 2



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Blom 1



Continu 1				
Section 1. Identifying Information	ation			
1. Given Name (First Name) Ashley	2. Surname (Last Nar Blom	me)		3. Date 06-January-2017
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript TitleImplications of the Introduction of New Replacement to Contemporary Alternation6. Manuscript Identifying Number (if you known)	ves in the National J		p Modelli	ing of Metal-on-Metal Hip
Section 2. The Work Under Co	nsideration for P	ublication		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	ve payment or services but not limited to grar	from a third party		
If yes, please fill out the appropriate info	rmation below. If yo		one enti	ty press the "ADD" button to add a row.
Excess rows can be removed by pressing				
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
Healthcare Quality Improvement Partnership	/			Study funded by a grant from Healthcare Quality Improvement Partnership (National Joint Registry)
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Are there any relevant conflicts of interest? ✓ Yes No				
If yes, please fill out the appropriate info	rmation below.			
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy	V		✓	DePuy fund a hip fellowship position at the clinical institution in which Prof Blom carries out clinical work

Blom 2



Soutien A				
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Hunt 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title Implications of the Introduction of New Replacement to Contemporary Alternat6. Manuscript Identifying Number (if you kn	ives in the National Joint	-	ling of Metal-on-Metal Hip
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any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of intered If yes, please fill out the appropriate info		re more than one enti	ity press the "ADD" button to add a row.
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Name of Institution/Company	Grant	n-Financial other?	Comments
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Sortion 4			
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Hunt 2



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Whitehouse

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1

administrative support, etc.



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1. Given Name (First Name) Michael	2. Surname (Last Nam Whitehouse	e) 3. Date 06-January-2017	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Prof Ashley Blom	
5. Manuscript Title Implications of the Introduction of N Replacement to Contemporary Alter	-, .	ative Survivorship Modelling of Metal-on-Metal Hip int Registry	
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	ding but not limited to grant	rom a third party (government, commercial, private foundatio s, data monitoring board, study design, manuscript preparatio	
If yes, please fill out the appropriate	information below. If you	have more than one entity press the "ADD" button to ac	dd a row.
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Healthcare Quality Improvement Partnersh	nip 🗸	Study funded by a grant from Healthcare Quality Improvement Partnership (National Joint Regist	
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Are there any relevant conflicts of in		lo	
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DePuy		DePuy fund a hip fellowship posit at the clinical institution in which	Mr

Whitehouse 2



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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".

3. 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.

4. Intellectual Property.

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

Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

Howard 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Peter	2. Surname (Last Name) Howard	3. Date 06-January-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Prof Ashley Blom
5. Manuscript Title Implications of the Introduction of Ne Replacement to Contemporary Altern	-, .	e Survivorship Modelling of Metal-on-Metal Hip Registry
6. Manuscript Identifying Number (if you	know it)	_
Section 2. The Work Under	Consideration for Public	cation
		a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inte		
If yes, please fill out the appropriate in Excess rows can be removed by pressi	•	ve more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	on-Financial Other? Comments
Healthcare Quality Improvement Partnership		Study funded by a grant from Healthcare Quality Improvement Partnership (National Joint Registry)
Section 3. Relevant financia	l activities outside the s	submitted work.
of compensation) with entities as desc	cribed in the instructions. Us	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.
Are there any relevant conflicts of inte	rest?	
Section 4. Intellectual Prope	erty Patents & Copyrig	ghts
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes Vo

Howard 2



Section 5.					
occurron o.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?				
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest				
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.				
Cartinac					
Section 6.	Disclosure Statement				
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Howard repo	rts grants from Healthcare Quality Improvement Partnership, during the conduct of the study; .				

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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