

#### **Instructions**

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## 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.

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

Ng 1



Section 1. Identifying Inform					
Identifying Information					
Given Name (First Name)     Geoffrey	2. Surname (Last Name) Ng		3. Date 14-February-2017		
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Jonathan Jeffers			
5. Manuscript Title Capsular ligament function after total hip arthroplasty					
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	nsideration for Pub	lication			
Did you or your institution <b>at any time</b> receivany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of the	but not limited to grants,		nent, commercial, private foundation, etc.) for study design, manuscript preparation,		
•	rmation below. If you h	ave more than one en	tity press the "ADD" button to add a row.		
Name of Institution/Company	Grant? Personal No	on-Financial Other	Comments		
Engineering and Physical Sciences Research Council	<b>✓</b>		Work funded by grant numbered EP/ N006267/1		
Section 3. Relevant financial a	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 rep	oed in the instructions.	Use one line for each e	entity; add as many lines as you need by		
Are there any relevant conflicts of interest?					
If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Personal No	on-Financial Support	Comments		
Corin PLC			Occasional laboratory based consultancy work		

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Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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
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.
Section 6. Disclosure Statement
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K. C. Geoffrey Ng reports grants from Engineering and Physical Sciences Research Council, during the conduct of the study; personal fees from Corin PLC, outside the submitted work; .

### **Evaluation and Feedback**

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

Ng 3



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Section 1. Identifying Inform				
Identifying Inform	ation			
1. Given Name (First Name) Jonathan	2. Surname (Last N Jeffers	ame)		3. Date 14-February-2017
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Capsular ligament function after total hi	p arthroplasty			
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co	onsideration for	Publication		
Did you or your institution <b>at any time</b> receivany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of intere	but not limited to gra			
If yes, please fill out the appropriate info		_	n 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? Persona	Non-Financial Support?	Other?	Comments
EPSRC	<b>✓</b>			
Wellcome Trust	<b>✓</b>			
Section 3. Relevant financial a	activities outside	the submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep	bed in the instructi	ons. Use one line fo	or each entit	ry; add as many lines as you need by
Are there any relevant conflicts of interest?    Yes    No				
If yes, please fill out the appropriate info	rmation below.			
	Persona	l Non-Financial	3	
Name of Entity	Grant Fees	Support	Other •	Comments
Corin				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Renishaw	<b>✓</b>					
DeSoutter	<b>✓</b>					
McMinn Centre		<b>√</b>				
Freshfields		<b>✓</b>				
Embody		<b>✓</b>				
Section 4. Intellectual Proper	rtv Pate	ents & Cor	ovriahts			
Do you have any patents, whether plan				nt to the	work? Yes 🗸 No	
Section 5. Relationships not	covered	ahove				
Are there other relationships or activities potentially influencing, what you wrote	s that reac	ders could p		nfluence	d, or that give the appearance of	
Yes, the following relationships/con	ditions/cir	cumstance	es are present (ext	olain belo	w):	
✓ No other relationships/conditions/c						
At the time of manuscript acceptance, j On occasion, journals may ask authors t						ients.
Section 6. Disclosure Statem						
Based on the above disclosures, this for below.		omatically (	generate a disclos	sure state	ment, which will appear in the box	
Dr. Jeffers reports grants from EPSRC, g from Corin, grants from Renishaw , gran Freshfields, personal fees from Embody	nts from De	eSoutter, p	ersonal fees from	McMinn		ees



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van Arkel 1



Section 1. Identifying Inform					
Identifying Information					
Given Name (First Name)     Richard	2. Surname (Last Name) van Arkel		3. Date 13-February-2017		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Aut Jonathan Jeffers	hor's Name		
5. Manuscript Title Capsular ligament function after total hip arthroplasty					
6. Manuscript Identifying Number (if you kno	ow it)				
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Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest	but not limited to grants,	data monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation,		
•	rmation below. If you h		ntity press the "ADD" button to add a row.		
Name of Institution/Company	Grant? Personal N	on-Financial Other	? Comments		
Engineering and Physical Sciences Research Council	<b>✓</b>		Work funded by grant numbered EP/ N006267/1		
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Corin PLC			Occasional laboratory based consultancy work		

van Arkel 2



Soutien A						
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ert testimony, employment, or other affiliations patent n**-Financial Support:** Examples include drugs/equipment

Muirhead-Allwood 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Sarah	rst Name)	2. Surname (Last Name) Muirhead-Allwood	3. Date 15-February-2017			
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Jonathan Jeffers			
5. Manuscript Title Capsular ligamer	e nt function after total h	nip arthroplasty				
6. Manuscript Ider	ntifying Number (if you kr	now it)				
			_			
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any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,			
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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.			
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Muirhead-Allwood 2



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Dr. Muirhead-Allwood has nothing to disclose.

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