

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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)

Véronique

2. Surname (Last Name)

BREUIL

3. Date

12-June-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

PIERREFITE-CARLE

5. Manuscript Title

Autophagy involvement in aseptic loosening of arthroplasties

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00479R1

### 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

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☒ No

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Dr. BREUIL 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)  
Olivier

2. Surname (Last Name)  
CAMUZARD

3. Date  
12-June-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
PIERREFITE-CARLE

5. Manuscript Title  
Autophagy involvement in aseptic loosening of arthroplasties

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Dr. CAMUZARD has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Georges	2. Surname (Last Name) CARLE	3. Date 12-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name PIERREFITE-CARLE
5. Manuscript Title Autophagy involvement in aseptic loosening of arthroplasties		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00479R1		

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1. Given Name (First Name)  
Valérie

2. Surname (Last Name)  
PIERREFITE-CARLE

3. Date  
12-June-2018

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

5. Manuscript Title  
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