

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.

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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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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

Bohl 1



Section 1. Identi	ifying Information								
Given Name (First Name) Daniel		name (Last Name)			3. Date 07-May-201	18			
4. Are you the correspondi	ng author? Ye	s 🗸 No	Correspond Craig J. De	ling Author's N Ila Valle	lame				
5. Manuscript Title Computer-assisted navigation is associated with reductions in the rates of dislocation and acetabular component revision following primary total hip arthroplasty									
6. Manuscript Identifying N	umber (if you know it)								
Section 2. The W	ork Under Conside	ration for Publi	cation						
Did you or your institution a any aspect of the submitted statistical analysis, etc.)? Are there any relevant co	I work (including but not								
If yes, please fill out the a	ppropriate informatio	n below. If you hav	ve more than	one entity pr	ress the "ADD"	button to add a row.			
Name of Institution/Con		Personal No	n-Financial Support	Other? Co	omments				
Mid-America Orthopaedic Ass	ociation 🗸								
Section 3. Releva	ant financial activit	ies outside the	submitted v	work.					
Place a check in the appr of compensation) with er clicking the "Add +" box. Are there any relevant co	opriate boxes in the ta ntities as described in 1 You should report rela	ble to indicate wh	ether you ha	ve financial re or each entity;	add as many	lines as you need by			
Section 4. Intelle	ectual Property Pa	atents & Copyri	ghts						
Do you have any patents	, whether planned, pe	nding or issued, b	roadly relevar	nt to the worl	k? Yes	✓ No			

Bohl 2



Section 5. Relationships not covered above
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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?
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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Dr. Bohl reports grants from Mid-America Orthopaedic Association, during the conduct of the study; .

Evaluation and Feedback

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Bohl 3



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Continue									
Section 1. Identifying Information	ation								
Given Name (First Name) Edmund	2. Surname (Last Name) Lau		3. Date 07-May-2018						
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name						
5. Manuscript Title Computer-assisted navigation is associated with reductions in the rates of dislocation and acetabular component revision following primary total hip arthroplasty									
6. Manuscript Identifying Number (if you kno	ow it)								
		_							
Section 2. The Work Under Co	onsideration for Public	cation							
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)?									
Are there any relevant conflicts of interes	st? ✓ Yes No								
If yes, please fill out the appropriate info		e more than one enti	ity press the "ADD" button to add a row.						
Excess rows can be removed by pressing		n Financial							
Name of Institution/Company	Grant	n-Financial Other?	Comments						
Rush University Medical Center									
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	bed in the instructions. Us	se one line for each er	ntity; 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	Giant	n-Financial Other?	Comments						
Stryker Orthopedics			I am an employee at Exponent Inc., a						
			consulting company that receive payment from one or more company or supplier for my technical services.						



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments			
Medtronic				✓	I am an employee at Exponent Inc., a consulting company that receive payment from one or more company or supplier for my technical services.			
Boston Scientific				V	I am an employee at Exponent Inc., a consulting company that receive payment from one or more company or supplier for my technical services.			
Alcon Inc.				V	I am an employee at Exponent Inc., a consulting company that receive payment from one or more company or supplier for my technical services.			
Ferring Pharmaceutical				V	I am an employee at Exponent Inc., a consulting company that receive payment from one or more company or supplier for my technical services.			
CeramTec GMBH.				✓	I am an employee at Exponent Inc., a consulting company that receive payment from one or more company or supplier for my technical services.			
Section 4. Intellectual Property Patents & Copyrights								
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volumes No								
Section 5. Relationships not o	Section 5. Relationships not covered above							
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At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•	ents.		



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Dr. Lau reports grants from Rush University Medical Center, during the conduct of the study; other from Stryker Orthopedics, other from Medtronic, other from Boston Scientific, other from Alcon Inc., other from Ferring Pharmaceutical, other from CeramTec GMBH., outside the submitted work;

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Nolte 1



Section 1.	dentifying Inform	ation					
1. Given Name (First Michael	, ,		e (Last Name)			3. Date 07-May-20	118
4. Are you the corres	ponding author?	Yes	√ No	Correspon Craig J. D	ding Author's I ella Valle	Name	
following primary t	navigation is associa total hip arthroplasty		ductions in th	ne rates of dis	slocation and	acetabular co	mponent revision
6. Manuscript Identil	fying Number (if you kn	ow it)					
Section 2. T	he Work Under Co	onsideratio	on for Publ	ication			
any aspect of the sub statistical analysis, et	mitted work (including	but not limit	ed to grants, d				vate foundation, etc.) for cript preparation,
If yes, please fill out	t the appropriate info	rmation bel	low. If you ha	ve more than	n one entity p	oress the "ADD	" button to add a row.
Excess rows can be	removed by pressing						
Name of Institutio	n/Company	Grant?		on-Financial Support <mark>?</mark>	Other C	omments	
Mid America Orthopaec	lic Association	✓					
Section 3.				1 '** 1			
R	Relevant financial a	activities o	outside the	submitted	work.		
of compensation) v clicking the "Add +	vith entities as descri " box. You should rep	bed in the ir ort relation	nstructions. U ships that we	lse one line f	or each entity	y; add as many	
Are there any relev	ant conflicts of intere	st? Ye	es 🗸 No				
Section 4.	ntellectual Proper	ty Paten	ts & Copyri	ghts			
Do you have any pa	atents, whether planr	ned, pendin	g or issued, b	roadly releva	ant to the wo	rk? Yes	√ No

Nolte 2



Section 5. Polationships not severed above
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Nolte 3



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Section 1. Identifying Inform	nation		
Given Name (First Name) Craig	2. Surname (Last Name) Della Valle		3. Date 07-May-2018
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript TitleComputer-assisted navigation is associfollowing primary total hip arthroplast6. Manuscript Identifying Number (if you k	у	rates of dislocation and	d acetabular component revision
Section 2. The Work Under C			
The work onder C	onsideration for Public		
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 inter	g but not limited to grants, dat		
If yes, please fill out the appropriate inf		e more than one entity	press the "ADD" button to add a row.
Excess rows can be removed by pressir		· ·	
Name of Institution/Company	Grant•	-Financial other?	Comments
Mid-America Orthopaedic Association	✓		
Section 3. Polovant financial			
Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should reach there any relevant conflicts of inter-	ribed in the instructions. Use port relationships that were —	e one line for each entit	ty; add as many lines as you need by
If yes, please fill out the appropriate inf			
Name of Entity	Grant	a-Financial Other?	Comments
American Association of Hip and Knee Surgeons		✓ Bo	pard or committee member
Arthritis Foundation		✓ Bo	oard or committee member
DePuy, A Johnson & Johnson Company		Pa	nid consultant



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Hip Society			✓		Board or committee member		
Knee Society			√		Board or committee member		
Mid America Orthopaedic Association			√		Board or committee member		
Orthopedics Today			√		Editorial or Governing board		
Parvizi Surgical Innovations		\checkmark			stock or stock options		
SLACK Incorporated		✓			Editorial or governing board; Publishing royalties, financial or material support		
Smith & Nephew		\checkmark			paid consultant; research support		
Stryker		\checkmark			research support		
Wolters Kluwer Health - Lippincott Williams & Wilkins		✓			Editorial or governing board; Publishing royalties, financial or material support		
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.							
Patent? Pendir	ıg <mark>?</mark> Issue	ed? Licens	ed?Royalties?	License	e? Comments		
Zimmer							
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Calkins 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Tyler	2. Surname (Last Name) Calkins		3. Date 07-May-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	r's Name
5. Manuscript Title Computer-assisted navigation is associa following primary total hip arthroplasty	1	e rates of dislocation a	nd acetabular component revision
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Section 4. Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes 🗸 No

Calkins 2



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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
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Tyler Calkins reports grants from Mid-America Orthopaedic Association, 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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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.

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



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Section 1.	Identifying Inform	ation							
1. Given Name (Fi Kevin	rst Name)	2. Surna	me (Last Nar	me)		3. Date 07-May-2018			
4. Are you the cor	responding author?	Yes	✓ No	Correspond Craig J. De	-	or's Name			
5. Manuscript Title Computer-assisted navigation is associated with reductions in the rates of dislocation and acetabular component revision following primary total hip arthroplasty									
	ntifying Number (if you kno	ow it)							
Section 2.									
Section 2.	The Work Under Co	nsidera	tion for P	ublication					
	ubmitted work (including					ent, commercial, private foundation, etc.) for udy design, manuscript preparation,			
	evant conflicts of intere	st?	Yes	No					
				u have more than	one enti	ty press the "ADD" button to add a row.			
Excess rows can	be removed by pressing	the "X" b	outton.						
Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
Rush University Medi	cal Center	✓							
Section 3.	Relevant financial a	ctivitie	s outside [·]	the submitted	work.				
of compensation	n) with entities as describ	oed in the	instruction	ns. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by			
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Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
Medtronic						l am an employee of Exponent, a			
					√	scientific and engineering consulting firm. Exponent has been paid fees for my consulting services			



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Stryker Orthopaedics				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my consulting services
Sanofi				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my consulting services
Ferring Pharmaceuticals				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my consulting services
Paradigm Spine				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my consulting services
Pacira Pharmaceuticals				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my consulting services
St Jude Medical				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my consulting services
Zimmer Biomet				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my litigation consulting services
Joerns Healthcare				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my litigation consulting services
SpineFrontier				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my litigation consulting services
Ethicon				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my litigation consulting services
DJO				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my litigation consulting services



Ossur				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my litigation consulting services
Karl-Storz Endoscopy-America				✓	I am an employee of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees for my litigation consulting services
Section 4. Intellectual Prope	rty Pate	ents & Co	pyrights		
Do you have any patents, whether plan	·		ed, broadly releva	nt to the	e work? Yes 🗸 No
Relationships not	covered	above			
Are there other relationships or activiti potentially influencing, what you wrote			•	influenc	ed, or that give the appearance of
Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ No other relationships/conditions/circumstances that present a potential conflict of interest					
No other relationships/conditions/	ircumstan	ces that pr	esent a potential	COMMICL	of interest
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Section 6. Disclosure Statem	ent				
Based on the above disclosures, this fo below.	rm will auto	omatically	generate a disclo	sure stat	ement, which will appear in the box
Dr. Ong reports grants from Rush Univ from Stryker Orthopaedics, other from Pacira Pharmaceuticals, other from St. SpineFrontier, other from Ethicon, oth submitted work;	Sanofi, oth Jude Medic	ner from Fe cal, other fr	erring Pharmaceut om Zimmer Biom	ticals, ot et, othe	her from Paradigm Spine, other from



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