

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Rasmus

2. Surname (Last Name)

Kreipke

3. Date

12-June-2017

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Dual mobility cups are not associated with decreased risk of revision compared to metal-on-polyethylene cups in primary total hip arthroplasty due to osteoarthritis. A matched population-based study using the Nordic Arthroplasty Register..

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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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
Nordforsk Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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Dr. Kreipke reports grants from Nordforsk Foundation, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Alma B.

2. Surname (Last Name)

Pedersen

3. Date

12-June-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Rasmus Kreipke

5. Manuscript Title

Dual mobility cups are not associated with decreased risk of revision in primary total hip arthroplasty due to osteoarthritis. A matched population-based study using the Nordic Arthroplasty Register Association database

6. Manuscript Identifying Number (if you know it)

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Dr. Pedersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
GEIR

2. Surname (Last Name)
HALLAN

3. Date
24-July-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
RASMUS KREIPKE

5. Manuscript Title

Dual mobility cups and their risk of revision in primary total hip arthroplasty due to osteoarthritis
A matched population-based study using the Nordic Arthroplasty Register Association database

6. Manuscript Identifying Number (if you know it)

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Dr. HALLAN has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Leif Ivar

2. Surname (Last Name)

Havelin

3. Date

12-June-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Rasmus Kreipke

5. Manuscript Title

Dual mobility cups are not associated with decreased risk of revision in primary total hip arthroplasty due to osteoarthritis. A matched population-based study using the Nordic Arthroplasty Register Association database)

6. Manuscript Identifying Number (if you know it)

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Dr. Havelin has nothing to disclose.

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Johan

2. Surname (Last Name)

Kärrholm

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12-June-2017

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☐ Yes ☒ No

Corresponding Author's Name

Rasmus Kreipke

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Dr. Kärholm has nothing to disclose.

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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.

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Søren	2. Surname (Last Name) Overgaard	3. Date 15-June-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rasmus Kreipke
5. Manuscript Title Dual mobility cups are not associated with decreased risk of revision in primary total hip arthroplasty due to osteoarthritis. A matched population-based study using the Nordic Arthroplasty Register Association database		
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.

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 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
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DePuy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protesekompagniet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eli Lilly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ 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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Overgaard reports grants from Zimmer Biomet, grants from DePuy, grants from Protosekompagniet, other from Eli Lilly, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Keijo

2. Surname (Last Name)
Mäkelä

3. Date
22-June-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Rasmus Kreipke

5. Manuscript Title

Dual mobility cups are not associated with decreased risk of revision in primary total hip arthroplasty due to osteoarthritis. A matched population-based study using the Nordic Arthroplasty Register Association database

6. Manuscript Identifying Number (if you know it)

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

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

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mäkelä 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) Cecilia	2. Surname (Last Name) Rogmark	3. Date 16-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rasmus Kreipke
5. Manuscript Title Dual mobility cups and their risk of revision in primary total hip arthroplasty due to osteoarthritis A matched population-based study using the Nordic Arthroplasty Register Association database		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-00841R1		

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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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
Zimmer Biomet (Speaker on educational course)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depuy Johnson&Johnson (Speaker on educational course)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Rogmark reports personal fees from Zimmer Biomet (Speaker on educational course), personal fees from Depuy Johnson&Johnson (Speaker on educational course), outside the submitted work; .

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