ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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Section 1. Identifying Information

1. Given Name (First Name): Alexander
2. Surname (Last Name): Weber
3. Effective Date (07-August-2008): 03-August-2012

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

5. Manuscript Title: Symptomatic Aseptic Hydrogen Pneumarthrosis as a Sign of Crevice Corrosion Following Modular Neck Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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2. Consultancy	☑	☐	☐			×
						ADD
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						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
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						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): David
2. Surname (Last Name): Waxman
3. Effective Date (07-August-2008): 12-August-2012

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

Corresponding Author's Name: Alexander Weber

5. Manuscript Title: Symptomatic Aseptic Hydrogen Pneumarthrosis as a Sign of Crevice Corrosion Following Modular Neck Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			✕
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						ADD
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3. Employment	☑	☐	☐			✕
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						ADD
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						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Jack
2. Surname (Last Name): Skendzel
3. Effective Date (07-August-2008): 13-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Alexander E. Weber

5. Manuscript Title: Symptomatic Aseptic Hydrogen Pneumarthrosis as a Sign of Crevice Corrosion Following Modular Neck Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it):

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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						ADD
7. Other	☑	☐	☐			✕
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						ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): John
2. Surname (Last Name): Blaha
3. Effective Date (07-August-2008): 03-August-2012

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

Corresponding Author's Name: Alexander Weber

5. Manuscript Title: Symptomatic Aseptic Hydrogen Pneumarthrosis as a Sign of Crevice Corrosion Following Modular Neck Total Hip Arthroplasty

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						ADD
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						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	☑	☐	☐	Michigan Orthopaedic Society	Legislative Liason	×
						ADD
2. Consultancy	☐	☑	☐	Wright Medical Technolgy	Fee for service re:knee arthroplasty components	×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐	Wright Medical Technology	Possible...	×
						ADD
9. Royalties	☐	☑	☐	Wright Medical Technology		×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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