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.

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Section 1. Identifying Information

1. Given Name (First Name): Robert
2. Surname (Last Name): Bruce-Brand
3. Effective Date (07-August-2008): 02-August-2012

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

5. Manuscript Title: Coloarticular fistula associated with a pseudotumour after metal-on-metal hip resurfacing arthroplasty

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

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
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	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
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						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
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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**	☑	☐	☐			×
						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Thomas
2. Surname (Last Name): Kennedy
3. Effective Date (07-August-2008): 02-August-2012

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

5. Manuscript Title: Coloarticular fistula associated with a pseudotumour after metal-on-metal hip resurfacing 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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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
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						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
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						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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13. Other (err on the side of full disclosure)	☑	☐	☐			×
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1. Given Name (First Name): Rehan
2. Surname (Last Name): Gul
3. Effective Date (07-August-2008): 02-August-2012

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

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