

#### **Instructions**

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patent

Matharu 1



**Identifying Information** 

Section 1.

Gulraj

1. Given Name (First Name)

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

Matharu

2. Surname (Last Name)

3. Date 12-June-2019

4. Are you the corresponding author? ✓ Yes									
5. Manuscript Title Does surgical approach influence the outcomes following total hip arthroplasty performed for displaced intracapsular hip fractures? An analysis from the National Joint Registry for England, Wales, Northern Ireland and the Isle of Man 6. Manuscript Identifying Number (if you know it)									
Section 2. The Work Under Co	nsidera	tion for P	ublication						
Did you or your institution <b>at any time</b> 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 a	ctivities	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?									
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments				
he Royal Orthopaedic Hospital Hip Research and Education Charitable Fund  Grant provided for PhD tuition fees and conference travel to present other research work.									
The Orthopaedics Trust	<b>✓</b>				Grant provided for PhD tuition fees and to present other research work.				
Arthritis Research UK	<b>✓</b>				Awarded an 18 month Clinical Research Fellowship for other research work.				
eigh Day		<b>√</b>			Medicolegal work as expert on MoM hip cases				

Matharu 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Section 6. Disclosure Statement
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Dr. Matharu reports grants from The Royal Orthopaedic Hospital Hip Research and Education Charitable Fund, grants from The Orthopaedics Trust, grants from Arthritis Research UK, personal fees from Leigh Day, outside the submitted work;.

### **Evaluation and Feedback**

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Matharu 3



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Reed 1



**Identifying Information** 

Section 1.

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

1. Given Name (First Name) Mike	2. Surname (Las Reed	t Name)		Date -June-2019	
4. Are you the corresponding author?	Yes ✓	No Correspon Gulraj Ma	ding Author's Name tharu		
<ul><li>5. Manuscript Title</li><li>Does surgical approach influence the of fractures? An analysis from the National</li><li>6. Manuscript Identifying Number (if you known to be a surgical sur</li></ul>	al Joint Registry fo				
Section 2. The Work Under C	Consideration f	or Publication			
Did you or your institution <b>at any time</b> receany aspect of the submitted work (includin statistical analysis, etc.)?  Are there any relevant conflicts of inter	g but not limited to		•	•	:.) for
Section 3. Relevant financial	l activities outs	ide the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the specific propriate in the specific propriate propriate in the specific propriate in the specific propriate propriate in the specific propriate propriate in the specific propriate pro	ribed in the instrueport relationship rest?  Yes	ictions. Use one line f	or each entity; add	as many lines as you need	
Name of Entity	Grant? Perso		Other? Comm	ents	
Health Foundation	√	3 Support			
Stryker					
Zimmer Biomet	<b>✓</b>				
Heraeus Medical	<b>✓</b>				
BM Healthcare	<b>√</b>				
Vifor Pharma	<b>√</b>				
Schuelke	<b>✓</b>				

Reed 2



Soutien A
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Dr. Reed reports grants from Health Foundation, grants from Stryker, grants from Zimmer Biomet, grants from Heraeus Medical, grants from 3M Healthcare, grants from Vifor Pharma, grants from Schuelke, outside the submitted work; .

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Blom 1



Section 1. Identifying Info	rmation							
1. Given Name (First Name) Ashley	2. Surname (Last Name) Blom		3. Date 12-June-2019					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author Gulraj Matharu	r's Name					
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any aspect of the submitted work (includ statistical analysis, etc.)? Are there any relevant conflicts of int	ing but not limited to grants, data erest?	a monitoring board, stud	nt, commercial, private foundation, etc.) for dy design, manuscript preparation, y press the "ADD" button to add a row.					
Name of Institution/Company	Grant? Personal Non-	Financial Other?	Comments					
Healthcare Quality Improvement Partnershi and the National Joint Registry	p 🗸 🗆							
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Do you have any patents, whether pl	anned, pending or issued, bro	adly relevant to the v	vork? Yes V No					

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Deere



Section 1.	ldentifying Inform	ation					
1. Given Name (First Kevin	, ,	2. Surname (Last Na Deere	me)		3. Date 12-June-20	119	
4. Are you the corre	sponding author?	☐ Yes ✓ No	Correspon Gulraj Ma	ding Author's Nar otharu	me		
fractures? An analy	oach influence the ou sis from the National fying Number (if you kn	Joint Registry for En			•		p
Section 2.	he Work Under Co	onsideration for P	ublication				
any aspect of the sub statistical analysis, et Are there any relev If yes, please fill ou	cution <b>at any time</b> recei omitted work (including c.)? rant conflicts of intere t the appropriate info e removed by pressing	but not limited to gradest? Yes	nts, data monitorin	g board, study de	sign, manusci	ript preparation,	
Name of Institutio		Grant? Personal Fees?	Non-Financial	Other? Con	nments		
Healthcare Quality Imp and the National Joint I		<b>✓</b>					
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Deere 2



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Given Name (First Name)     Andrew	2. Surname (Last Name) Judge	3. Date 12-June-2019				
4. Are you the corresponding author? Yes ✓ No		Corresponding Author's Name				
	Joint Registry for England	Gulraj Matharu  ip arthroplasty performed for displaced intracapsular hip d, Wales, Northern Ireland and the Isle of Man				
Section 2. The Work Under Co	onsideration for Public	cation				
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,				
Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	ormation below. If you hav	re more than one entity press the "ADD" button to add a row.				
Name of Institution/Company	Grant'	n-Financial Other? Comments upport?				
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Name of Entity	Giant	n-Financial other? Comments				
Anthera Pharmaceuticals, INC.		Consulting services for the Data Safety and Monitoring Board (DSMB)				
Servier						
UK Renal Registry						



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
Oxford Craniofacial Unit	<b>√</b>	<b>√</b>						
Blood Journal		<b>✓</b>			Statistical reviewer			
Roche-Chugai	<b>✓</b>				Provided sponsorship towards the research project.			
Freshfields Bruckhaus Deringer		<b>√</b>						
Section 4. Intellectual Propert	v Pate	ents & Cor	ovrights					
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At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•			
Section 6. Disclosure Statemen	nt							
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.								
Dr. Judge reports grants from Healthcare conduct of the study; personal fees from Renal Registry, grants and personal fees Chugai, personal fees from Freshfields Br	Anthera from Oxfo	Pharmaceo ord Cranio	uticals, INC., perso facial Unit, persor	onal fees nal fees fr	from Servier, personal fees from UK om Blood Journal, grants from Roche-			



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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.

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**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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administrative support, etc.



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Section 1.	Identifying Infor	mation							
1. Given Name (F Michael	irst Name)	2. Surnar Whiteho	ne (Last Name use	<u>e</u> )		3. Date 12-June-2019			
4. Are you the co	rresponding author?	Yes	<b>√</b> No	-	Corresponding Author's Name Gulraj Matharu				
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6. Manuscript Ide	ntifying Number (if you l	(now it)	, ,						
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Healthcare Quality Ir and the National Joi	mprovement Partnership nt Registry	<b>✓</b>							
Section 3.									
Section 5.	Relevant financia	l activities	outside th	ne submitted	work.				
of compensation	n) with entities as desc	ribed in the	instructions	s. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.			
_	levant conflicts of inte				•	• •			
If yes, please fill	out the appropriate in	formation b	elow.						
			Personal I	Non-Financial					
Name of Entity		Grant ?	Fees?	Support?	Other •	Comments			
Stryker						Co-applicant on a grant funded by			
		✓				Stryker investigating the outcome of a total knee replacement manufactured by Stryker			

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Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments		
Heraeus				<b>√</b>	Carries out basic science teaching on for which his employer receives payment at market rates		
DePuy				<b>✓</b>	Carries out basic science teaching on for which his employer receives payment at market rates		
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Do you have any patents, whether plann	ed, pendi	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes 🗸 No		
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Section 6. Disclosure Stateme	nt						
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Dr. Whitehouse reports grants from Hea the conduct of the study; grants from St							

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