

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Wael	2. Surname (Last Name) Barsoum	3. Date 04-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nicolas Piuze
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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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
DJO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support, consultant, royalties
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support, royalties
Custom Orthopaedic Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
PeerWell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
Capsico Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

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Beyond Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
Sight Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
PT Genie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock

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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Section 6. Disclosure Statement

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Dr. Barsoum reports personal fees from DJO, personal fees from Stryker, personal fees from Zimmer, other from Custom Orthopaedic Solutions, other from PeerWell, other from Capsico Health, personal fees from Arthrex, other from Beyond Limits, other from Sight Medical, other from PT Genie, 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)
Michael

2. Surname (Last Name)
Bloomfield

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nicolas S Piuze

5. Manuscript Title
Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

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Dr. Bloomfield has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Isaac	2. Surname (Last Name) Briskin	3. Date 04-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nicolas S. Piuze
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CHEST Journal	<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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Mr. Briskin reports personal fees from CHEST Journal, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Campbell	3. Date 04-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nicolas S Piuze
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?		
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Section 1. Identifying Information

1. Given Name (First Name)
Ahmed

2. Surname (Last Name)
Emara

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nicolas S Piuze

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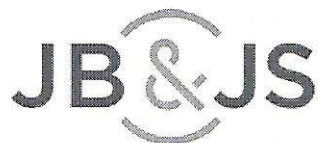
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Article Tracking #

Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

Article Title (the "Work")

Nicolas S Piuze

Corresponding Author Name (the "Author")

JBJS

Name of Journal in which Work is to be Published

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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)

Alison

2. Surname (Last Name)

Klika

3. Date

04-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Nicolas S Piuze

5. Manuscript Title

Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

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.

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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

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. Klika has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Viktor

2. Surname (Last Name)
Krebs

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nicolas S Piuze

5. Manuscript Title

Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

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

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Dr. Krebs has nothing to disclose.

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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)
Sania

2. Surname (Last Name)
Mahmood

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Nicolas S Piuze

5. Manuscript Title
Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mahmood has nothing to disclose.

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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)
John

2. Surname (Last Name)
McLaughlin

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nicolas S Piuze

5. Manuscript Title
Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

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.

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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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Section 6. Disclosure Statement

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Dr. McLaughlin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nathan

2. Surname (Last Name)
Mesko

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nicolas S Piuze

5. Manuscript Title
Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

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
Stryker Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant for Revision and Tumor Hip/Knee, Custom Prostheses, Robotic Platform
KCI Acelity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KCI Acelity - Wound VAC Applications
Bone Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerament G Advisory Committee

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

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Dr. Mesko reports personal fees from Stryker Orthopaedics, personal fees from KCI Acelity, personal fees from Bone Support, 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) Robert	2. Surname (Last Name) Molloy	3. Date 04-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nicolas S Piuzei
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?		
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
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

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

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):
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Section 6. Disclosure Statement

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Dr. Molloy reports grants from Stryker, outside the submitted work; .

Evaluation and Feedback

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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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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) Trevor	2. Surname (Last Name) Murray	3. Date 04-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nicolas S Piuze
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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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
Zimmer Biomet	<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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Murray reports personal fees from Zimmer Biomet, 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)
George

2. Surname (Last Name)
Muschler

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nicolas S Piuze

5. Manuscript Title
Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

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

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Dr. Muschler 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) Lukas	2. Surname (Last Name) Nystrom	3. Date 04-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nicolas S Piuzei
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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
Onkos Surgical, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting Fees

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. Nystrom reports personal fees from Onkos Surgical, Inc., personal fees from KCI/Acelity, Inc., 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) Preetesh	2. Surname (Last Name) Patel	3. Date 04-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nicolas S. Piuze
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Zimmer-Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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. Patel reports personal fees from Stryker, personal fees from Zimmer-Biomet, 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)
Brendan M.

2. Surname (Last Name)
Patterson

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Nicolas S Piuze

5. Manuscript Title
Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

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

Section 3. Relevant financial activities outside the submitted work.

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

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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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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)
Nicolas

2. Surname (Last Name)
PiuZZi

3. Date
04-October-2020

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

5. Manuscript Title
Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

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

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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
ISCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Orthopaedic Research Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee memeber
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support

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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Section 6. Disclosure Statement

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Dr. Piuze reports other from ISCT, other from Orthopaedic Research Society, other from Zimmer, 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) Aldo	2. Surname (Last Name) Riesgo	3. Date 04-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nicolas S Piuizzi
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?		
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
ZimmerBiomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kim

2. Surname (Last Name)

Stearns

3. Date

04-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Nicolas S Piuze

5. Manuscript Title

Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

6. Manuscript Identifying Number (if you know it)

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Dr. Stearns 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)
Greg

2. Surname (Last Name)
Strnad

3. Date
04-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nicolas S Piuze

5. Manuscript Title
Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

6. Manuscript Identifying Number (if you know it)

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Mr. Strnad 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)

Jared

2. Surname (Last Name)

Warren

3. Date

04-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Nicolas Piuze

5. Manuscript Title

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

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