Date:	2021-8-7
Your Name:	Gaoxiang Zhang
Manuscript Title	: Meta-analysis of the correlation between operation time and postoperative
delirium in tot	al hip arthroplasty
	ber (if known):
In the interest of	transparency, we ask you to disclose all relationships/activities/interests listed below that are
related to the co	ntent of your manuscript. "Related" means any relation with for-profit or not-for-profit third
parties whose in	terests may be affected by the content of the manuscript. Disclosure represents a commitment
to transparency	and does not necessarily indicate a bias. If you are in doubt about whether to list a
relationship/acti	vity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
4.4	group, paid or unpaid			
11	Stock or stock options	None		
42		N.		
12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	None		
15	financial interests			
	Tillaticial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	No conflict of interest			

Date:	_2021-8-7
Your Name:	Zhongwei Wang
Manuscript Tit	le: Meta-analysis of the correlation between operation time and postoperative
delirium in to	otal hip arthroplasty
Manuscript nu	mber (if known):

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5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	None			
7	Support for attending	None			
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8	Patents planned, issued or	None			
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9	Participation on a Data	None			
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12	Receipt of equipment,	None			
	materials, drugs, medical				
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Date:	2021-8-7
	Dengcheng Wang
Manuscript Title	e: Meta-analysis of the correlation between operation time and postoperative
delirium in to	tal hip arthroplasty
	nber (if known):
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting food	None	
4	Consulting fees	None	

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	speakers bureaus,				
	manuscript writing or				
	educational events				
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Date:2021-8-7	
Your Name: Qiong Jia _	
Manuscript Title:	_ Meta-analysis of the correlation between operation time and postoperative
delirium in total hip arthropl	asty
Manuscript number (if known):_	

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3	Royalties or licenses	None	
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Your Name:				
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provision of study materials, medical writing, article processing charges, etc.)	1	All support for the present	None	
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Grants or contracts from any entity (if not indicated

in item #1 above).

Consulting fees

Royalties or licenses

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5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
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	meetings and/or travel				
8	Patents planned, issued or	None			
0	pending	None			
	pending				
9	Participation on a Data	None			
9	Safety Monitoring Board or	None			
	Advisory Board				
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10	Leadership or fiduciary role	None			
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