

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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) Brian	2. Surname (Last Name) Richard	3. Date 12-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Austin Reilly
5. Manuscript Title Is obesity a risk factor for extended length of stay and readmission after total hip arthroplasty?		
6. Manuscript Identifying Number (if you know it) AOJ-18-158		

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

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Section 6. Disclosure Statement

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Dr. Richard has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

Attu: Jan Nykiel

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INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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ICMJE INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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Section 1. Identifying Information

1. Given Name (First Name)

Austin

2. Surname (Last Name)

Reilly

3. Date

7/14/2020

4. Are you the corresponding author?

 Yes

 No

5. Manuscript Title

Is Obesity a Risk Factor for extended length of stay and readmission after 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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I, Dr. Reilly, have no conflicts to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Lyden	3. Date 29-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Garvin
5. Manuscript Title Is obesity a risk factor for extended length of stay and readmission after total hip arthroplasty?		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lyden has nothing to disclose.

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1. Given Name (First Name) Kevin 2. Surname (Last Name) Garvin 3. Date 6/23/20
4. Are you the corresponding author? Yes No
5. Manuscript Title Is Obesity a risk factor for extended stay and readmission after THA
6. Manuscript Identifying Number (if you know it) A05-18-158

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