

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.

1. 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.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Pablo	rst Name)	2. Surname (Last Name Slullitel	e) 3. Date 02-September-2019	
4. Are you the corresponding author?		Yes 🖌 No Corresponding Author's Name Paul R. Kim		
5. Manuscript Titl "Then and now, resurfacing"		icant improvements in t	he clinical and radiological performance of cementless hip	
6. Manuscript Ide AOJ-2019-HR-01	ntifying 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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	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. Slullitel has nothing to disclose.

Evaluation and Feedback

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1. Given Name (Fi Nicholas	rst Name)	2. Surname (Last Name) Tubin	3. Date 02-September-2019	
4. Are you the corresponding author?		Yes 🖌 No Corresponding Author's Name Paul Kim		
5. Manuscript Title Then and now, c resurfacing		cant improvements in the	clinical and radiological performance of cementless hip	
6. Manuscript Iden AOJ-2019-HR-07	ntifying Number (if you 1	know it)		

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Are there any relevant conflicts of interest?	1	Yes
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4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl		cant improvements in the clinical and r	adiological performance of cementless hip

Then and now, design matters: significant improvements in the clinical and radiological performance of cementless hip resurfacing

6. Manuscript Identifying Number (if you know it)

AOJ-2019-HR-01

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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		\checkmark		\checkmark	Consultant & Research Support	
Zimmer Biomet		\checkmark			Consultant	

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Dr. Kim reports personal fees and other from Stryker, personal fees from Zimmer Biomet, outside the submitted work.

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