

ICMJE DISCLOSURE FORM

Date: Nov. 12, 2023

Your Name: Zachary Herman

Manuscript Title Bipolar Bone Loss and Distance to Dislocation

Manuscript number (if known): AOJ-23-17

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests 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/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: Nov. 12, 2023

Your Name: Ehab M. Nazzal

Manuscript Title Bipolar Bone Loss and Distance to Dislocation

Manuscript number (if known): AOJ-23-17 _____

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ICMJJE DISCLOSURE FORM

Date: Nov. 13, 2023

Your Name: Laura Keeling

Manuscript Title Bipolar Bone Loss and Distance to Dislocation

Manuscript number (if known): AOJ-23-17 _____

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ICMJE DISCLOSURE FORM

Date: Nov. 13, 2023

Your Name: Rajiv Reddy

Manuscript Title Bipolar Bone Loss and Distance to Dislocation

Manuscript number (if known): AOJ-23-17 _____

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ICMJE DISCLOSURE FORM

Date: Nov. 13, 2023

Your Name: Matthew Como

Manuscript Title Bipolar Bone Loss and Distance to Dislocation

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Date: Nov. 13, 2023

Your Name: Jonathan D. Hughes

Manuscript Title Bipolar Bone Loss and Distance to Dislocation

Manuscript number (if known): AOJ-23-17 _____

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Date: Nov. 13, 2023

Your Name: Albert Lin

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Yes	Albert Lin serves as an unpaid editorial board member of Annals of Joint from December 2022 to November 2024.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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