

ICMJE DISCLOSURE FORM

Date: 8/23/2021

Your Name: Stephanie Kirschbaum

Manuscript Title: Influence of stem fixation and stem type on revision and direct post-surgery mortality rates in elective THA procedures dependent on patient age and sex

Manuscript Number (if known): BJJ-2023-0820.R2 IHS

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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The author's relationships/activities/interests should be defined broadly. 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.

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
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 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.

*Ulrike Kirschbaum
 Orthopädie u. Unfallchirurgie
 Stabsärztin für*

ICMJE DISCLOSURE FORM

Date: 10/31/2023

Your Name: Oliver Melsheimer

Manuscript Title: Influence of stem fixation and stem type on revision and direct post-surgery mortality rates in elective THA procedures dependent on patient age and sex

Manuscript Number (if known): BJJ-2023-0820.R2

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

ICMJE DISCLOSURE FORM

Date: 10/23/2023

Your Name: Michael Morlock

Manuscript Title: Influence of stem fixation and stem type on revision and direct post-surgery mortality rates in elective THA procedures dependent on patient age and sex

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ICMJE DISCLOSURE FORM

Date: 10/31/2023

Your Name: Carsten Perka

Manuscript Title: Click or tap here to enter text. IHS: Influence of stem fixation and stem type on revision and direct post-surgery mortality rates in elective THA procedures dependent on patient age and sex

Manuscript Number (if known): BJJ-2023-0820.R2

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3	Royalties or licenses	<input type="checkbox"/> None	
		DePuy/Synthes	Made to me
		Smith&Nephew	Made to me
		Zimmer	Made to me
4	Consulting fees	<input type="checkbox"/> None	
		DePuy/Synthes	Made to me
		Smith&Nephew	Made to me
		Zimmer	Made to me
		BectonDickinson	Made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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