

ICMJE DISCLOSURE FORM

Date: 9/10/2024

Your Name: Andrew Amis

Manuscript Title: Hemiarthroplasty in young patients: Evaluation of glenoid wear on metal and ceramic implants in-vitro

Manuscript Number (if known): BJJ-2024-0432.R2

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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| Time frame: Since the initial planning of the work | | | | | | | | | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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.

ICMJE DISCLOSURE FORM

Date: 7/3/2024

Your Name: Anthony M J Bull

Manuscript Title: Hemiarthroplasty in young patients: Evaluation of glenoid wear on metal and ceramic implants in-vitro

Manuscript Number (if known): BJJ-2024-0432.R2 S&E

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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.

ICMJE DISCLOSURE FORM

Date: 12th July 2024 Click or tap to enter a date.
Your Name: ROGER EMERY Click or tap here to enter text.
Manuscript Title: Hemiarthroplasty in young patients. Click or tap here to enter text.
Manuscript Number (if known): BJJ-2024-0432.122 Click or tap here to enter text.

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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Time frame: Since the initial planning of the work

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Time frame: past 36 months

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| <p>2 Grants or contracts from any entity (if not indicated in item #1 above).</p> | <p><input type="checkbox"/> None</p> <p style="text-align: center; font-size: 1.2em;">See above</p> |
| <p>3 Royalties or licenses</p> | <p><input type="checkbox"/> None</p> <p style="text-align: center; font-size: 1.2em;">None</p> |
| <p>4 Consulting fees</p> | <p><input type="checkbox"/> None</p> <p style="text-align: center; font-size: 1.2em;">ESTON ROBOTICS. DE SOUTHER MEDICAL</p> |

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events

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6 Payment for expert testimony

None

7 Support for attending meetings and/or travel

None

YES SECEC. cover registration fees and invitation to social events

8 Patents planned, issued or pending

None

9 Participation on a Data Safety Monitoring Board or Advisory Board

None

10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid

None

YES. Past President of SECEC.

11 Stock or stock options

None

12 Receipt of equipment, materials, drugs, medical writing, gifts or other services

None

13 Other financial or non-financial interests

None

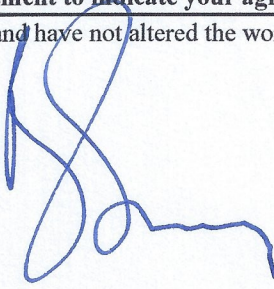
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8/26/2021

ICMJE Disclosure Form



Roger J.H. Emery

- 12.7.2024

ICMJE DISCLOSURE FORM

Date: 9/8/2024

Your Name: Ulrich Hansen

Manuscript Title: Hemiarthroplasty in young patients: Evaluation of glenoid wear on metal and ceramic implants in-vitro

Manuscript Number (if known): BJJ-2024-0432.R2

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
| | | As mentioned in item 1 | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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.

ICMJE DISCLOSURE FORM

Date: 7/14/2024

Your Name: Christian H. Heinrichs

Manuscript Title: Hemiarthroplasty in young patients: Evaluation of glenoid wear on metal and ceramic implants in-vitro

Manuscript Number (if known): BJJ-2024-0432.R2

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.

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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: 9/9/2024

Your Name: Hazimah Mahmud

Manuscript Title: Hemiarthroplasty in young patients: evaluation of glenoid wear on metal and ceramic implants in vitro

Manuscript Number (if known): BJJ-2024-0432.R2

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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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: 7/11/2024

Your Name: Peter Reilly

Manuscript Title: Hemiarthroplasty in young patients: Evaluation of glenoid wear on metal and ceramic implants in-vitro

Manuscript Number (if known): BJJ-2024-0432.R2 S&E:

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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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.

ICMJE DISCLOSURE FORM

Date: 7/12/2024

Your Name: Andra Ioana Topan-Rat

Manuscript Title: Hemiarthroplasty in young patients: Evaluation of glenoid wear on metal and ceramic implants in-vitro

Manuscript Number (if known): BJJ-2024-0432.R2

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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ICMJE DISCLOSURE FORM

Date: 9/9/2024

Your Name: DONG WANG

Manuscript Title: Hemiarthroplasty in young patients: Evaluation of glenoid wear on metal and ceramic implants in-vitro

Manuscript Number (if known): BJJ-2024-0432.R2

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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