

ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Siri Bjørgen Winther

Manuscript Title: The extent of revision THA surgery does not affect patient-reported outcomes at 1-year follow-up: a study of 426 aseptic revisions from an institutional registry

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 6/19/2023

Your Name: Jomar Klaksvik

Manuscript Title: The extent of revision THA surgery does not affect patient-reported outcomes at 1-year follow-up: a study of 426 aseptic revisions from an institutional registry

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: Olav A Foss

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Date: 6/19/2023

Your Name: Tina S Wik

Manuscript Title: The extent of revision THA surgery does not affect patient-reported outcomes at 1-year follow-up: a study of 426 aseptic revisions from an institutional registry

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Your Name: Tarjei Egeberg

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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)						
11	Stock or stock options	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.