

ICMJE DISCLOSURE FORM

Date: 8/18/2023

Your Name: Ted Eneqvist

Manuscript Title: **Spinal Surgery and the Risk of Reoperation after Total Hip Arthroplasty**

Manuscript Number (if known): [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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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.

ICMJE DISCLOSURE FORM

Date: 8/20/2023

Your Name: Louise Persson

Manuscript Title: **Spinal Surgery and the Risk of Reoperation after Total Hip Arthroplasty**

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

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 18/8-2023

Your Name: Emma Kojer

Manuscript Title: **Spinal Surgery and the Risk of Reoperation after Total Hip Arthroplasty**

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

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Date: 230817

Your Name: Linus Gunnarsson

Manuscript Title: **Spinal Surgery and the Risk of Reoperation after Total Hip Arthroplasty**

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

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Date: 8/17/2023

Your Name: Paul Gerdhem

Manuscript Title: **Spinal Surgery and the Risk of Reoperation after Total Hip Arthroplasty**

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

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		DePuySynthes	To me, lecture fees
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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		Swedish Fracture Register	Unpaid
		Swedish Spine Registry	Unpaid

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