

## ICMJE DISCLOSURE FORM

**Date:** 1/13/2024

**Your Name:** Janus Duus Christiansen

**Manuscript Title:** Stable fixation of an ultra-short femoral neck-preserving hip prosthesis A 5-year RSA, DXA and clinical outcome follow-up study of 48 patients

**Manuscript Number (if known):** AO-2023-145/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.

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.

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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:** 1/13/2024

**Your Name:** Mogens Laursen

**Manuscript Title:** Stable fixation of an ultra-short femoral neck-preserving hip prosthesis A 5-year RSA, DXA and clinical outcome follow-up study of 48 patients

**Manuscript Number (if known):** AO-2023-145/R2

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## ICMJE DISCLOSURE FORM

**Date:** 1/10/2024

**Your Name:** Gordon Blunn

**Manuscript Title:** Stable fixation of an ultra-short femoral neck-preserving hip prosthesis A 5-year RSA, DXA and clinical outcome follow-up study of 48 patients

**Manuscript Number (if known):** AO-2023-145/R2

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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 type="checkbox"/> None	
		Patent licensed	Dr. Blunn has a patent CE560346 licensed to Zimmer Biomet.
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	<input checked="" type="checkbox"/> None	



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**Your Name:** Poul Torben Nielsen

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