

ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Michaël Bus

Manuscript Title: Pediatric hip disorders are not associated with an increased 10-year revision risk after total hip arthroplasty under the age of 55: results from the Dutch Arthroplasty Register

Manuscript Number (if known): AO-2023-194

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: 8/5/2024

Your Name: Maaïke Gademan

Manuscript Title: Pediatric hip disorders are not associated with an increased 10-year revision risk after total hip arthroplasty under the age of 55: results from the Dutch Arthroplasty Register

Manuscript Number (if known): AO-2023-194

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ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Marta Fiocco

Manuscript Title: Pediatric hip disorders are not associated with an increased 10-year revision risk after total hip arthroplasty under the age of 55: results from the Dutch Arthroplasty Register

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Date: 7/24/2024

Your Name: Prof Rob Nelissen MD, PhD

Manuscript Title: Pediatric hip disorders are not associated with an increased 10-year revision risk after total hip arthroplasty under the age of 55: results from the Dutch Arthroplasty Register

Manuscript Number (if known): AO-2023-194

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Date: 7/24/2024

Your Name: Pieter Bas de Witte

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Manuscript Number (if known): AO-2023-194

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		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)
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 type="checkbox"/> None	
		Member of the scientific board of the Dutch Arthroplasty register.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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	<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	

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