

ICMJE DISCLOSURE FORM

Date: 8/23/2022

Your Name: Erim Özdemir

Manuscript Title: Long-term follow-up of 119 primary cemented total hip arthroplasties in 96 patients younger than 25 years old

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: 8/23/2022

Your Name: Martijn Kuijpers

Manuscript Title: Long-term follow-up of 119 primary cemented total hip arthroplasties in 96 patients younger than 25 years old

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

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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	
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Your Name: Wim Rijnen

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