

ICMJE DISCLOSURE FORM

Date: 9/9/2024

Your Name: Markus Fürstner, PhD

Manuscript Title: Correlation of cross-linking as measured by the trans-vinylene index and in vitro wear of polyethylene from various acetabular liner brands

Manuscript Number (if known): BJR-2024-0203.R1

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.

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Date: 9/9/2024

Your Name: Emanuel GAUTIER

Manuscript Title: Correlation of cross-linking as measured by the trans-vinylene index and in vitro wear of polyethylene from various acetabular liner brands

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Date: 9/9/2024

Your Name: Roman Heuberger

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Date: 9/9/2024

Your Name: Niels Icken

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Date: 9/10/2024

Your Name: Thomas Imwinkelried

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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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: 9/18/2024

Your Name: Andrea Pascucci

Manuscript Title: Correlation of cross-linking as measured by the trans-vinylene index and in vitro wear of polyethylene from various acetabular liner brands

Manuscript Number (if known): BJR-2024-0203.R1

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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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.

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ICMJE DISCLOSURE FORM

Date: 9/9/2024

Your Name: Robin Pourzal

Manuscript Title: Correlation of cross-linking as measured by the trans-vinylene index and in vitro wear of polyethylene from various acetabular liner brands

Manuscript Number (if known): BJR-2024-0203.R1

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Zimmer Biomet	ZB provides material support for research on total knee replacements.
		Stryker	Stryker provided funding for research on retrieved TMJ replacements.
		Enovis	Enovis provides materials for research on retrieved total shoulder replacements.
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: 9/9/2024

Your Name: Michel Schlaeppi

Manuscript Title: Correlation of cross-linking as measured by the trans-vinylene index and in vitro wear of polyethylene from various acetabular liner brands

Manuscript Number (if known): BJR-2024-0203.R1

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/9/2024

Your Name: Peter Wahl

Manuscript Title: Correlation of cross-linking as measured by the trans-vinylene index and in vitro wear of polyethylene from various acetabular liner brands

Manuscript Number (if known): BJR-2024-0203.R1

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	society, committee or advocacy group, paid or unpaid		
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.