

## ICMJE DISCLOSURE FORM

**Date:** 9/30/2021

**Your Name:** Sönke Arlt

**Manuscript Title:** Mid-term improvement of cognitive performance after total hip arthroplasty in patients with osteoarthritis of the hip: A prospective cohort study

**Manuscript Number (if known):** [BJJ-2020-2021.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.

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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.

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 10/5/2021

**Your Name:** Wiebke Hauskeller

**Manuscript Title:** Mid-term improvement of cognitive performance after total hip arthroplasty in patients with osteoarthritis of the hip: A prospective cohort study

**Manuscript Number (if known):** BJJ-2020-2021.R2

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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:** 10/1/2021

**Your Name:** Nils Kattwinkel

**Manuscript Title:** Mid-term improvement of cognitive performance after total hip arthroplasty in patients with osteoarthritis of the hip: A prospective cohort study

**Manuscript Number (if known):** BJJ-2020-2021.R2

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## ICMJE DISCLOSURE FORM

**Date:** 9/24/2021

**Your Name:** Murteza Ali Kazim

**Manuscript Title:** Mid-term improvement of cognitive performance after total hip arthroplasty in patients with osteoarthritis of the hip: A prospective cohort study

**Manuscript Number (if known):** BJJ-2020-2021.R2

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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:** 10/6/2021

**Your Name:** Steffen Moritz

**Manuscript Title:** Mid-term improvement of cognitive performance after total hip arthroplasty in patients with osteoarthritis of the hip: A prospective cohort study

**Manuscript Number (if known):** BJJ-2020-2021.R2

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2021

**Your Name:** Andreas Niemeier

**Manuscript Title:** Mid-term improvement of cognitive performance after total hip arthroplasty in patients with osteoarthritis of the hip: A prospective cohort study

**Manuscript Number (if known):** BJJ-2020-2021.R2

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## ICMJE DISCLOSURE FORM

**Date:** 10/5/2021

**Your Name:** André Strahl

**Manuscript Title:** Mid-term improvement of cognitive performance after total hip arthroplasty in patients with osteoarthritis of the hip: A prospective cohort study

**Manuscript Number (if known):** BJJ-2020-2021.R2

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