

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brook	2. Surname (Last Name) Martin	3. Date 08-September-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ilda B. Molloy
5. Manuscript Title Effects of length of stay on the cost of total knee and total hip arthroplasty from 2002 to 2013		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute of Arthritis, Musculoskeletal and Skin Disease and Agency for Healthcare Research and Quality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Martin receives salary support from a Federal research grants related to musculoskeletal research paid directly to his institution.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gold Standard Research, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BIM is a paid consultant on a PCORI-funded research project granted to the Medical University of South Carolina related to hip and knee arthroplasty.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Martin reports grants from National Institute of Arthritis, Musculoskeletal and Skin Disease and Agency for Healthcare Research and Quality., during the conduct of the study; other from Gold Standard Research, LLC, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)

Ilda B.

2. Surname (Last Name)

Molloy

3. Date

21-December-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Effects of length of stay on the cost of total knee and total hip arthroplasty from 2002 to 2012

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Molloy has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Wayne

2. Surname (Last Name)
Moschetti

3. Date
23-December-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Ilda Bajraktari

5. Manuscript Title

Effects of length of stay on the cost of total knee and total hip arthroplasty from 2002 to 2012

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Jevsevar	3. Date 31-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ilda Bajraktari
5. Manuscript Title The effect of length of stay on the cost of THA and TKA between 2002-2012		
6. Manuscript Identifying Number (if you know it) 		

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