

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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Joseph	2. Surname (Last Name) Bosco	3. Date 03-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John Mercuri
5. Manuscript Title Ethics of Total Joint Arthroplasty Gainsharing		
6. Manuscript Identifying Number (if you know it) NA		

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
Labrador Healthcare Consulting Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We do healthcare consulting concerning APM's and Gainsharing

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

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Dr. Bosco reports personal fees from Labrador Healthcare Consulting Services, during the conduct of the study; .

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1. Given Name (First Name) Richard	2. Surname (Last Name) lorio	3. Date 03-May-2016
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1. Given Name (First Name)
John

2. Surname (Last Name)
Mercuri

3. Date
03-May-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Ethics of Total Joint Arthroplasty Gainsharing

6. Manuscript Identifying Number (if you know it)
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Dr. Mercuri has nothing to disclose.

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Joseph

2. Surname (Last Name)
Zuckerman

3. Date
03-May-2016

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☐ Yes ☒ No

Corresponding Author's Name
John Mercuri

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