ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Mona
2. Surname (Last Name): Badawy
3. Effective Date (07-August-2008): 06-June-2012

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

5. Manuscript Title: Revision Rate is Influenced by Hospital and Surgeon Volume in Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it):

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
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						ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Kari
2. Surname (Last Name): Indrekvam
3. Effective Date (07-August-2008): 06-November-2012

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name: Mona Badawy

5. Manuscript Title: Revision Rate is Influenced by Hospital and Surgeon Volume in Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it):

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
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4. Expert testimony	☑	☐	☐			×
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						ADD
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						ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Leif Ivar
2. Surname (Last Name): Havelin
3. Effective Date (07-August-2008): 07-June-2012

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

Corresponding Author's Name: Mona Badawy

5. Manuscript Title: Revision Rate is Influenced by Hospital and Surgeon Volume in Total Knee Arthroplasty

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2. Surname (Last Name): Furnes
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4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Mona Badawy

5. Manuscript Title: Revision Rate is Influenced by Hospital and Surgeon Volume in Total Knee Arthroplasty

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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name): Birgitte
2. Surname (Last Name): Espehaug
3. Effective Date (07-August-2008): 18-June-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Mona Badawy

5. Manuscript Title: Revision Rate is Influenced by Hospital and Surgeon Volume in Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it):

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
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						ADD
7. Other	☑	☐	☐			×
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						ADD
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Lars Birger
2. Surname (Last Name): Engesæter
3. Effective Date (07-August-2008): 18-June-2012

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name: Mona Badawy

5. Manuscript Title: Revision Rate is Influenced by Hospital and Surgeon Volume in Total Knee Arthroplasty

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