

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Clayton

2. Surname (Last Name)
Alexander

3. Date
28-December-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Richard Skolasky

5. Manuscript Title
Post-discharge Care Duration, Costs, and Outcomes After Primary Total Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Alexander has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Harpal	2. Surname (Last Name) Khanuja	3. Date 27-April-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Richard Skolasky
5. Manuscript Title Post-discharge Care Duration, Costs, and Outcomes After Primary Total Hip and Knee Arthroplasty		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Khanuja has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Karthikeyan	2. Surname (Last Name) Ponnusamy	3. Date 03-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Richard Skolasky
5. Manuscript Title Post-discharge Care Duration, Costs, and Outcomes After Primary Total Hip and Knee Arthroplasty		
6. Manuscript Identifying Number (if you know it)		

After Primary Total Hip and Knee Arthroplasty
Post-discharge Care Duration, Costs, and Outcomes After Primary Total Hip and Knee Arthroplasty

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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
Orthopaedic Research and Education Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OREF Resident Research Grant

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Dr. Ponnusamy reports grants from Orthopaedic Research and Education Foundation, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Louis

2. Surname (Last Name)
Okafor

3. Date
27-April-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Richard Skolasky

5. Manuscript Title
Post-discharge Care Duration, Costs, and Outcomes After Primary Total Hip and Knee Arthroplasty

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Dr. Okafor has nothing to disclose.

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Mostafa

2. Surname (Last Name)
El Dafrawy

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27-April-2016

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☐ Yes

☒ No

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Dr. El Darawy has nothing to disclose.

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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)
Richard

2. Surname (Last Name)
Skolasky

3. Date
16-December-2015

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

5. Manuscript Title
Post-discharge Care Duration, Costs, and Outcomes after Primary Total Hip and Knee Arthroplasty

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

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

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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Dr. Skolasky has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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1. Given Name (First Name)
Robert

2. Surname (Last Name)
Sterling

3. Date
25-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Richard Skolasky

5. Manuscript Title
Post-discharge Care duration, Costs, and Outcomes After Primary Total hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Zan

2. Surname (Last Name)

Naseer

3. Date

24-December-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Karthikeyan Ponnusamy

5. Manuscript Title

Post-discharge Care Duration, Costs, and Outcomes After Primary Total Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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