ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# 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 four parts.**

## 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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence,or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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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 | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | AAOS (Council on Research and Quality)<br>AAHKS ( Health Policy, EBPC)<br>American Joint Replacement Registry (Board of Directors)<br>COA (President)<br>OREF (Board of Trustees)<br>UCSF Medical Center (HTAP) | | × |
| | | | | | | ADD |
| 2. Consultancy | ☐ | ☑ | ☐ | Integrated Healthcare Association, Pacific Business Group on Health, Harvard Business School (Visiting Scholar) | | × |
| | | | | | | ADD |

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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | ☐ | ☐ | ☑ | AHRQ, NIH, RWJF, CHCF, UC CHQI, YODA | | × |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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) | ☑ | ☐ | ☐ | | | × |
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## Section 4. Other relationships

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective Primary Total Hip and 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 | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 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 | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | ✕ |
| | | | | | | ADD |

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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | ✕ |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | ✕ |
| | | | | | | ADD |
| 3. Employment | ☐ | ☑ | ☑ | Salary support from CMS contract to develop hospital-level quality measures following hip/knee joint replacement | | ✕ |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | ✕ |
| | | | | | | ADD |
| 5. Grants/grants pending | ☑ | ☐ | ☐ | | | ✕ |
| | | | | | | ADD |

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**Relevant financial activities outside the submitted work**

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|---|---|---|---|---|---|---|
| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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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Hide All Table Rows Checked 'No' SAVE

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Michael
2. Surname (Last Name): Rapp
3. Effective Date (07-August-2008): 07-August-2008

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective Primary Total Hip and Knee Arthroplasty

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

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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | ✕ |
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|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | ✕ |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | ✕ |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | ✕ |
| | | | | | | ADD |
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| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | ✕ |
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|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 9. Royalties | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | ☑ | ☐ | ☐ | | | × |
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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☐ | ☐ | ☑ | Centers for Medicare & Medicaid | Government contract through CMS | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

## 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 submission.

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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 | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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 | ☑ | ☐ | ☐ | | | × |

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

**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 |

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

## Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'  SAVE

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Zhenqiu
2. Surname (Last Name): Lin
3. Effective Date (07-August-2008): 12-November-2012

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

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## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☐ | ☐ | ☑ | CMS | Measure development | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

## Section 3. Relevant financial activities outside the submitted work.

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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 | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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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| 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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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Jay R.
2. Surname (Last Name): Lieberman
3. Effective Date (07-August-2008): 08-November-2012

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

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

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## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

## Section 3. Relevant financial activities outside the submitted work.

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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☐ | ☑ | ☐ | Journal AAOS | | × |
| | | | | | | ADD |
| 2. Consultancy | ☐ | ☑ | ☐ | Depuy | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | ☐ | ☑ | ☑ | NIH, MTF | | × |
| | | | | | | 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**

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|---|---|---|---|---|---|---|
| | | | | | | 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) | ☐ | ☑ | ☐ | Advisory Board - Flexion Therapeutics | | × |
| | | | | | | ADD |

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Harlan
2. Surname (Last Name): Krumholz
3. Effective Date (07-August-2008): 18-January-2013

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk Standardized Complication Rates Following Elective Primary Total Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-12-01639

## Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

## 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

## Relevant financial activities outside the submitted work

| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☐ | ☑ | ☐ | UnitedHealthcare, Inc. | Chair, Cardiac Scientific Advisory Board | × |
| 1. Board membership | ☐ | ☑ | ☐ | ImageCor, LLC | Board of Directors | × |
| | | | | | | ADD |
| 2. Consultancy | ☐ | ☑ | ☐ | VHA, Inc. | Subject Matter Expert | × |
| 2. Consultancy | ☐ | ☑ | ☐ | C2N | Consulting for the company's core competency (studying the metabolism of neurally derived biomolecules) | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Relevant financial activities outside the submitted work**

| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 5. Grants/grants pending | ☐ | ☐ | ☑ | National Bank of Egypt | Research grant to improve healthcare in Egypt with a focus on cardiovascular disease | × |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | ☐ | ☑ | ☐ | Centrix Technologies Pvt Ltd. | Educational lectures | × |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 9. Royalties | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 11. Stock/stock options | ☐ | ☑ | ☐ | Centegen/LifeTech | Development of novel therapeutics to fight serious drug-resistant bacterial infections | × |
| | | | | | | ADD |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | ☐ | ☐ | ☑ | Medtronic, Inc. | PI of research grant/ independent analysis of INFUSE data | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No' SAVE

## Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# 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 four parts.**

## 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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence,or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## 4. Other relationships.

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Lein
2. Surname (Last Name): Han
3. Effective Date (07-August-2008): 05-April-2013

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

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective Primary Total Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-12-01639R1

## Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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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 | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☐ | ☑ | ☐ | DHHS/CMS | I am a full-time federal government employee at DHHS. | × |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Relevant financial activities outside the submitted work**

| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 7. Payment for manuscript preparation | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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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Hide All Table Rows Checked 'No'  SAVE

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

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

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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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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 | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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 | ☑ | ☐ | ☐ | | | × |

# ICMJE Form for Disclosure of Potential Conflicts of Interest

**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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☑ Yes, the following relationships/conditions/circumstances are present (explain below):

We developed this quality measure under contract with the Centers for Medicare and Medicaid Services.

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Hide All Table Rows Checked 'No' SAVE

## Evaluation and Feedback

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Elizabeth
2. Surname (Last Name): Drye
3. Effective Date (07-August-2008): 12-November-2012

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective Primary Total Hip and Knee Arthroplasty

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

## Section 2. The Work Under Consideration for Publication

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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 | ☑ | ☐ | ☐ | | | × ADD |
| 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 | ☐ | ☐ | ☑ | Centers for Medicare and & Medicaid Services | Contract Suppport | × ADD |

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| 6. Provision of writing assistance, medicines, equipment, or administrative support | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 7. Other | ☐ | ☐ | ☑ | Centers for Medicare & Medicaid Services | Contract support for quality measure development | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

## 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 submission.

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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 | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Relevant financial activities outside the submitted work**

| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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 |

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

## Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No' SAVE

## Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

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** Use this section to provide any needed explanation.

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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 | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

**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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Hide All Table Rows Checked 'No'  SAVE

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

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| The Work Under Consideration for Publication | | | | | | |
|---|---|---|---|---|---|---|
| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
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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 | |
| 1. Board membership | ☐ | ☐ | ☑ | AAOS | Duty in Presidential Line | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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) | ☐ | ☑ | ☑ | DePuy | Selected hip and knee implants | × |
| | | | | | | ADD |
| 9. Royalties | ☐ | ☑ | ☑ | DePuy | Selected hip and knee implants | × |
| | | | | | | 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) | ☑ | ☐ | ☐ | | | × |
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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Susannah
2. Surname (Last Name): Bernheim
3. Effective Date (07-August-2008): 04-April-2013

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

Corresponding Author's Name: Kevin J. Bozic, MD, MBA

5. Manuscript Title: Variation in Hospital-Level Risk-Standardized Complication Rates Following Elective Primary Total Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-12-1639R1

## Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☐ | ☐ | ☑ | Centers for Medicare and Medicaid Services | Contract to develop hospital outcomes measures for public reporting programs, including the measure described in this manuscript. | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 7. Payment for manuscript preparation | ☑ | ☐ | ☐ | | | × |
| | | | | | | 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 |

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

## Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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