ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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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): Benjamin
2. Surname (Last Name): Kester
3. Date: 20-December-2013

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

Corresponding Author's Name: Karl Bilimoria

5. Manuscript Title: Effect of Post-Discharge Venous Thromboembolism on Hospital Quality Comparisons Following Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01248R1

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

Section 3. Relevant financial activities outside the submitted work.

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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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Kester 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): Terrance
2. Surname (Last Name): Peabody
3. Date: 20-December-2013

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

Corresponding Author's Name: Karl Bilimoria

5. Manuscript Title: Effect of Post-Discharge Venous Thromboembolism on Hospital Quality Comparisons Following Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01248R1

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

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AOA	☐	☑	☐	☐	Board Membership

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. Peabody reports personal fees from AOA, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Ryan
2. Surname (Last Name): Merkow
3. Date: 20-December-2013

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

Corresponding Author's Name: Karl Bilimoria

5. Manuscript Title: Effect of Post-Discharge Venous Thromboembolism on Hospital Quality Comparisons Following Hip and Knee Arthroplasty

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

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Dr. Merkow has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Clifford
2. Surname (Last Name): Ko
3. Date: 20-December-2013

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

Corresponding Author's Name: Karl Bilimoria

5. Manuscript Title: Effect of Post-Discharge Venous Thromboembolism on Hospital Quality Comparisons Following Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01248R1

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Dr. Ko has nothing to disclose.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Karl
2. Surname (Last Name): Bilimoria
3. Effective Date (07-August-2008): 09-September-2013

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

5. Manuscript Title: Effect of Post-Discharge Venous Thromboembolism on Hospital Quality Comparisons Following Hip and Knee Arthroplasty

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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.

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	☐	☐	☑	AHRQ, NIH, NCCN, ACS		×
						ADD
6. Payment for lectures including service on speakers bureaus	☐	☑	☐	VARIOUS HOSPITALS	GRAND ROUNDS SPEAKER AT HOSPITALS	×
						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

* 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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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.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.

4. Intellectual Property.

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

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Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name): Mila
2. Surname (Last Name): Ju
3. Date: 20-December-2013

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

Corresponding Author's Name: Karl Y. Bilimoria

5. Manuscript Title: Effect of Post-Discharge Venous Thromboembolism on Hospital Quality Comparisons Following Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01248R1

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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

Section 3. Relevant financial activities outside the submitted work.

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

Section 4. Intellectual Property -- Patents & Copyrights

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Stipend is partially supported by National Institutes of Health Grant #5T32HL094293

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Dr. Ju reports her stipend is partially supported by National Institutes of Health Grant #5T32HL094293..

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Section 1. Identifying Information

1. Given Name (First Name): David
2. Surname (Last Name): Bentrem
3. Date: 20-December-2013

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

Corresponding Author's Name: Karl Bilimoria

5. Manuscript Title: Effect of Post-Discharge Venous Thromboembolism on Hospital Quality Comparisons Following Hip and Knee Arthroplasty

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Health Services Research and Development Service of the Department of Veterans Affairs	☑	☐	☐	☐	Career Development Award

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bentrem reports grants from Health Services Research and Development Service of the Department of Veterans Affairs, outside the submitted work; .

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