

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

Kandrack 1



| Section 1. Identifying Inform | nation | |
|---|--|---|
| 1. Given Name (First Name) Ryan | 2. Surname (Last Name) Kandrack | 3. Date 12-August-2015 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript TitleImpact of Race/Ethnicity and SocioeconArthroplasty6. Manuscript Identifying Number (if you known) | | ospital Readmission Rates Following Hip and Knee |
| Section 2. The Work Under Co | onsideration for Publication | |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | g but not limited to grants, data mon est? Yes No ormation below. If you have more | Other• Comments |
| | | |
| Section 3. Relevant financial | activities outside the submi | tted work. |
| of compensation) with entities as descri | ibed in the instructions. Use one port relationships that were pres | you have financial relationships (regardless of amount line for each entity; add as many lines as you need by sent during the 36 months prior to publication. |
| Section 4. Intellectual Proper | rty Patents & Copyrights | |
| Do you have any patents, whether plan | ned, pending or issued, broadly | relevant to the work? ☐ Yes ✓ No |

Kandrack 2



| Section 5. Polationships not sovered above |
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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| 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. |
| Section 6. Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Kandrack reports other from Agency for Healthcare Research and Quality (AHRQ), during the conduct of the study; . |

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Kandrack 3



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Martsolf 1



| Section 1. Identifying Inform | ation | | |
|---|--|--|---|
| 1. Given Name (First Name) Grant | 2. Surname (Last Name) Martsolf | | 3. Date 12-August-2015 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Autho | or's Name |
| 5. Manuscript TitleImpact of Race/Ethnicity and SocioeconArthroplasty6. Manuscript Identifying Number (if you kn | · | ted Hospital Readmi | ssion Rates Following Hip and Knee |
| Section 2. The Work Under Co | onsideration for Public | ation | |
| | ve payment or services from but not limited to grants, daest? Yes Noormation below. If you have | a third party (governme ta monitoring board, st | |
| Name of Institution/Company | Grant | n-Financial Other? | Comments |
| Agency for Healthcare Research and Quality AHRQ) | | | This work was performed as part of a contract between Truven Health Analytics and AHRQ. RAND (my employer) is a sub-contractor to Truven. |
| | | | |
| Section 3. Relevant financial | activities outside the s | ubmitted work. | |
| Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere | bed in the instructions. Us port relationships that wer | e one line for each er | ntity; add as many lines as you need by |
| Section 4. Intellectual Proper | ty Patents & Copyrig | jhts | |
| Do you have any patents, whether plans | ned, pending or issued, br | oadly relevant to the | work? ☐ Yes 🗸 No |

Martsolf 2



| Section 5. | |
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| Section 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follow | wing relationships/conditions/circumstances are present (explain below): |
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| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships. |
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Mehrotra 1



| Section 1. Identifying Inform | mation | | |
|---|---|--|--|
| 1. Given Name (First Name) Ateev | 2. Surname (Last Name) Mehrotra | 3. Date 16-December-2015 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Ryan Kandrack | |
| 5. Manuscript Title Impact of Race/Ethnicity and Socioeco Arthroplasty | nomic Status on Risk-Adjus | sted Hospital Readmission Rates Following Hip and Knee | |
| 6. Manuscript Identifying Number (if you k JBJS-D-15-00884R1 | now it) | | |
| | | | |
| Section 2. The Work Under C | Consideration for Public | cation | |
| 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 s | submitted work. | |
| Place a check in the appropriate boxes of compensation) with entities as desc | in the table to indicate who ribed in the instructions. Us eport relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. | |
| Section 4. Intellectual Prope | rty Patents & Copyric | ghts | |
| Do you have any patents, whether plar | | | |

Mehrotra 2



| Section 5. Belationshing not sovered above | |
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| Relationships not covered above | |
| Are there other relationships or activities that readers could perceive to have in potentially influencing, what you wrote in the submitted work? | nfluenced, or that give the appearance of |
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| Dr. Mehrotra has nothing to disclose. | |

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SooHoo 1



| Section 1. | Identifying Inform | nation | | |
|---|----------------------------|--|---|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) SooHoo | 3. Date 12-July-2015 | |
| 4. Are you the corresponding author? Yes Vo | | Yes ✓ No | Corresponding Author's Name Grant Martsolf | |
| 5. Manuscript Title Impact of Race/E Arthroplasty | | nomic Status on Risk-Adju: | sted Hospital Readmission Rates Following Hip and Knee | |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | | |
| | | | | |
| Section 2. | The Work Under Co | onsideration for Public | cation | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, | |
| Section 3. | Relevant financial | activities outside the s | submitted work. | |
| of compensation clicking the "Add | n) with entities as descri | bed in the instructions. Use port relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication. | |
| Section 4. | Intolloctual Dramer | rty Patents & Copyric | vlate | |
| De yeu heur ==== | | | | |
| വര you have any | patents, whether plan | nea, penaing or issued, bi | oadly relevant to the work? Yes V No | |

SooHoo 2



| Section 5. Relationships not covered above |
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| Dr. SooHoo has nothing to disclose. |

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Barrett 1



| Section 1. Identifying Inform | aation | | |
|---|--|------------------------|---|
| identifying illioin | lation - | | |
| Given Name (First Name) Marguerite | 2. Surname (Last Name) Barrett | | 3. Date 21-July-2015 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Auth | nor's Name |
| 5. Manuscript Title Impact of Race/Ethnicity and Socioecor Arthroplasty | nomic Status on Risk-Adjus | ted Hospital Readm | ission Rates Following Hip and Knee |
| 6. Manuscript Identifying Number (if you kn | now it) | | |
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| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | s but not limited to grants, da est? Yes No ormation below. If you hav | ta monitoring board, s | nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant? Personal Nor | n-Financial Other | Comments |
| Agency for Healthcare Research and Quality | | | Research conducted under contract to AHRQ |
| | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | |
| of compensation) with entities as descri clicking the "Add +" box. You should rep | bed in the instructions. Us port relationships that wer | se one line for each e | |
| Are there any relevant conflicts of intere | est? Yes ✓ No | | |
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| Section 4. Intellectual Proper | ty Patents & Copyric | jhts | |
| Do you have any patents, whether plans | ned, pending or issued, br | oadly relevant to the | e work? Yes V No |

Barrett 2



| Section 5. | Relationships not covered above | | | |
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| Agency for Healt (which this man | ett (M.L. Barrett, Inc.) is a subcontractor to Truven Health Analytics, Inc. which holds a contract with the thcare Research and Quality (AHRQ) to develop the Healthcare Cost and Utilization Project databases uscript uses) and to conduct research (which resulted in this manuscript) in collaboration with AHRQ do not perceive this to represent a conflict of interest in terms of research integrity. | | | |

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Royalties: Funds are coming in to you or your institution due to your patent

Coffey 1



| Section 1. Identifying Inform | ation | | |
|---|---|-------------------------|---|
| 1. Given Name (First Name) Rosanna | 2. Surname (Last Name) Coffey | | 3. Date 14-July-2015 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Auth | nor's Name |
| 5. Manuscript Title Impact of Race/Ethnicity and Socioecon Arthroplasty | iomic Status on Risk-Adjus | sted Hospital Readm | ission Rates Following Hip and Knee |
| 6. Manuscript Identifying Number (if you kn | now it) | _ | |
| Section 2 | | | |
| Section 2. The Work Under Co | onsideration for Public | cation | |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | s but not limited to grants, datest? Yes No ormation below. If you have | ita monitoring board, s | nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant | n-Financial Other | Comments |
| Agency for Healthcare Research and Quality | | | Research conducted under contract to AHRQ |
| | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | |
| of compensation) with entities as descri clicking the "Add +" box. You should rep | bed in the instructions. Us port relationships that wer | se one line for each e | |
| Are there any relevant conflicts of intere | est? Yes ✓ No | | |
| Section 4. Intellectual Proper | | | |
| Intellectual Proper | ty Patents & Copyric | hts | |
| Do you have any patents, whether plant | ned, pending or issued, br | oadly relevant to the | e work? ☐ Yes ✓ No |

Coffey 2



| <i>c ::</i> | |
|------------------|--|
| Section 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work? |
| Yes, the follow | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. |
| Section 6. | Disclosure Statement |
| | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Quality (AHRQ) t | oloyed by Truven Health Analytics, Inc. which holds a contract with the Agency for Healthcare Research and o develop the Healthcare Cost and Utilization Project databases (which this manuscript uses) and to n (which resulted in this manuscript) in collaboration with AHRQ researchers. We do not perceive this to lict of interest in terms of research integrity. |

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Coffey 3



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Royalties: Funds are coming in to you or your institution due to your patent

Weiss 1



| Section 1. | Identifying Inform | ation | | | | |
|--|--|------------------------------|------------------------|--|--|---------------------|
| 1. Given Name (First Name) Audrey | | 2. Surname (Last Na Weiss | ime) | 3. Date 20-July-2015 | | |
| 4. Are you the corresponding author? | | Yes ✓ No | - | Corresponding Author's Name Grant Martsolf | | |
| 5. Manuscript Title Impact of Race/Ethnicity and Socioeconomic Status on Risk-Adjusted Hospital Readmissions Rates Following Hip and Knee Arthroplasty | | | | | | g Hip and Knee |
| 6. Manuscript Ider | ntifying Number (if you kn | ow it) | | | | |
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| Section 2. | The Work Under Co | onsideration for I | Publication | | | |
| | ititution at any time recei ubmitted work (including etc.)? | | | - | • | |
| Are there any rel | evant conflicts of intere | | No | | | |
| | out the appropriate info be removed by pressing | | ou have more thai | n one entity | press the "ADD" bi | utton to add a row. |
| Name of Institut | ion/Company | Grant? Persona Fees? | Non-Financial Support? | Other? | Comments | |
| Agency for Healthcar AHRQ) | e Research and Quality | | | √ co | nis work was perform ontract between Truv nalytics (my employe | ven Health |
| | | | | | | |
| Section 3. | Relevant financial | activities outside | the submitted | work. | | |
| of compensation | the appropriate boxes i) with entities as descri +" box. You should rep | bed in the instruction | ons. Use one line f | or each entit | ty; add as many lin | es as you need by |
| Are there any rel | evant conflicts of intere | est? | No | _ | | |
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| Section 4. | Intellectual Proper | ty Patents & Co | pyrights | | | |
| Do you have any | patents, whether plani | ned, pending or issu | ed, broadly releva | ant to the wo | ork? ☐ Yes 🗸 | No |

Weiss 2



| Relationships not covered above |
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| elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| wing relationships/conditions/circumstances are present (explain below): |
| tionships/conditions/circumstances that present a potential conflict of interest |
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| Disclosure Statement |
| ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| s that this work was performed as part of a contract between Truven Health Analytics (Dr. Weiss' employer) for Healthcare Research and Quality (AHRQ). |
| |

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Steiner 1



| Section 1. | Identifying Inform | nation | | | | | |
|---|---|---|--|--|--|--|--|
| Given Name (First Name) Claudia | | 2. Surname (Last Name) Steiner | 3. Date 14-July-2015 | | | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Grant Martsolf | | | | |
| 5. Manuscript Title Impact of Race/Ethnicity and Socioeconomic Status on Risk-Adjust Arthroplasty | | nomic Status on Risk-Adjus | ted Hospital Readmission Rates Following Hip and Knee | | | | |
| 6. Manuscript Identifying Number (if you know it) | | | | | | | |
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| Section 2. | Section 2. The Work Under Consideration for Publication | | | | | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | | | |
| Section 3. | Relevant financial | activities outside the s | ubmitted work. | | | | |
| of compensation clicking the "Add | n) with entities as descri | bed in the instructions. Use port relationships that wer | ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication . | | | | |
| Section 4. | | | | | | | |
| | Intellectual Proper | ty Patents & Copyric | ints | | | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | | | |

Steiner 2



| Section 5. | | | | |
|---|--|--|--|--|
| Section 5. | Relationships not covered above | | | |
| 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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| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships. | | | |
| Section 6. | Disclosure Statement | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | |
| Dr. Steiner has n | nothing to disclose. | | | |

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Washington 1



| Section 1. Identifying Inform | nation | | | |
|---|--|--|--|--|
| 1. Given Name (First Name) Raynard | 2. Surname (Last Name) Washington | 3. Date 14-July-2015 | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Grant Martsolf | | |
| 5. Manuscript Title Impact of Race/Ethnicity and Socioeconomic Status on Risk-Adjust Arthroplasty | | sted Hospital Readmission Rates Following Hip and Knee | | |
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| Section 2. The Work Under C | onsideration for Public | cation | | |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | |
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| of compensation) with entities as descr | ribed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. | | |
| Section 4. Intellectual Prope | | | | |
| Intellectual Prope | rty Patents & Copyri <u>c</u> | ghts | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Washington 2



| Section 5. Relationships not covered above | | | | |
|--|--|--|--|--|
| 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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Washington 3