

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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

3. Relevant financial activities outside the submitted work.

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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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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) Bryce	2. Surname (Last Name) Basques	3. Date 05-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonathan Grauer
5. Manuscript Title General Versus Spinal Anesthesia for Total Hip Arthroplasty		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research reported in this publication was supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under Award Number TL1TR000141.

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

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Basques reports grants from National Institutes of Health during the conduct of the study.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Bohl

3. Date
05-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jonathan Grauer

5. Manuscript Title
General Versus Spinal Anesthesia for Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Bohl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Grauer

3. Date
05-June-2014

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

5. Manuscript Title
General Versus Spinal Anesthesia for Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Legal case reviews	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Affinergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alphatec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bioventus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Harvard Clinical Research Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powered Research	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Transgenomic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith and Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expired grant/consulting
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expired consulting
KCI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expired consulting

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Grauer reports personal fees from Legal case reviews, personal fees from Affinergy, personal fees from Alphatec, personal fees from Bioventus, personal fees from Depuy, personal fees from Harvard Clinical Research Institute, personal fees from Powered Research, personal fees from Stryker, personal fees from Transgenomic, grants and personal fees from Smith and Nephew, personal fees from Medtronic, personal fees from KCI, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Toy

3. Date

05-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Jonathan Grauer

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Golinvaux	3. Date 05-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonathan Grauer
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