

#### **Instructions**

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### Identifying information.

### 2. The work under consideration for publication.

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

Banerjee 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Samprit	rst Name)	2. Surnam Banerjee	ne (Last Name)		3. Date 25-June-2014		
4. Are you the cor	responding author?	✓ Yes	No				
A Distributed He Perspective	<ul> <li>5. Manuscript Title</li> <li>A Distributed Health Data Network Analysis of Survival Outcomes: The International Consortium of Orthopaedic Registries Perspective</li> <li>6. Manuscript Identifying Number (if you know it)</li> </ul>						
Section 2.	The Work Under Co	nsiderat	ion for Publication				
Did you or your institution <b>at any time</b> 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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Section 4.	Intellectual Proper	ty Pate	nts & Copyrights				
Do you have any	patents, whether plan	ned, pendii	ng or issued, broadly releva	nnt to the work?	Yes Vo		

Banerjee 2



Section 5.	
R.	elationships not covered above
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?
Yes, the followin	g relationships/conditions/circumstances are present (explain below):
✓ No other relation	nships/conditions/circumstances that present a potential conflict of interest
	script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Is may ask authors to disclose further information about reported relationships.
Section 6. Di	isclosure Statement
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Banerjee has no	thing to disclose.

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Marinac-Dabic 1



Section 1.	Identifying Inform	nation			
		2. Surname (Last Name) Marinac-Dabic	3. Date 30-June-2014		
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Name Samprit Banerjee		
Perspective		•	:: The International Consortium of Orthopaedic Registries		
Section 2.	The Work Under Co	onsideration for Publi	cation		
Did you or your institution <b>at any time</b> 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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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Marinac-Dabic 2



Section 5. Polationships not severed above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ 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.
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Dr. Marinac-Dabic has nothing to disclose.

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Isaacs 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fir Abby	rst Name)	2. Surname (Last Name) Isaacs		3. Date 15-May-201	4	
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Auth	nor's Name		
Perspective		lysis of Survival Outcome low it)	es: The International C	onsortium of Orthop	paedic Registries	
Section 2.	The Work Under Co	onsideration for Publ	ication			
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Name of Institut		Grant? Personal No	on-Financial Support	Comments		
-DA		<b>V</b>				
Section 3.	Relevant financial	activities outside the	submitted work.			
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Section 4.	Intellectual Proper	ty Patents & Copyr	ights			
Do you have any	patents, whether plans	ned, pending or issued, b	proadly relevant to the	e work? Yes	✓ No	

Isaacs 2



Section 5.					
Section 5.	Relationships not covered above				
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Abby Isaacs repo	orts grants from FDA, during the conduct of the study.				

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Graves 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) 2. Surname (Last Name) Stephen Graves			3. Date 19-May-2014		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Samprit Banerjee		
Perspective	alth Data Network Ana		: The International Consortium of Orthopaedic Registries		
6. Manuscript Ider	ntifying Number (if you kr	now it)	_		
Continue 2					
Section 2.	The Work Under Co	onsideration for Public	ation		
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	l				
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Graves 2



Section 5.	Deletion shine wat account above					
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Based on the abov below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
Dr. Graves has not	hing to disclose.					

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Paxton 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Paxton		Date 5-May-2014		
4. Are you the corresponding author?		Corresponding Author's Name Samprit Banerjee			
5. Manuscript Title A Distributed Health Data Network Ana Perspective	alysis of Survival Outcomes: T	he International Consortium	n of Orthopaedic Registries		
6. Manuscript Identifying Number (if you ki	now it)				
Section 2. The Work Under C	onsideration for Publicat	tion			
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?	eive payment or services from a t g but not limited to grants, data	hird party (government, comm			
Are there any relevant conflicts of inter- If yes, please fill out the appropriate info		nore than one entity press t	the "ADD" button to add a row.		
Excess rows can be removed by pressin		::			
Name of Institution/Company	Grant	oport? Other? Comm	ents		
-DA	<b>✓</b>				
Section 3. Polovant financial	activities outside the sul	:			
Nelevalit illialitial					
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Are there any relevant conflicts of interest? Yes V No					
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Do you have any patents, whether plan	ned, pending or issued, broa	dly relevant to the work?	Yes ✓ No		

Paxton 2



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Elizabeth Paxton reports grants from FDA, during the conduct of the study.

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### 4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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**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

Cafri 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Guy	rst Name)	2. Surname (Last Name) Cafri	3. Date 15-May-2014			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Samprit Banerjee			
5. Manuscript Title A Distributed He Perspective		llysis of Survival Outcomes	: The International Consortium of Orthopaedic Registries			
6. Manuscript Ider	ntifying Number (if you kr	now it)				
			-			
Section 2.	The Work Under Co	onsideration for Public	ation			
Did you or your institution <b>at any time</b> 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 Vo						
Section 3.	Relevant financial	activities outside the	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo						
Section 4.	Intellectual Proper	rty Patents & Copyric	jhts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Cafri 2



Section 5. Belationships not severed above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have influenced, or that give t potentially influencing, what you wrote in the submitted work?	he appearance of
Yes, the following relationships/conditions/circumstances are present (explain below):	
✓ 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 the On occasion, journals may ask authors to disclose further information about reported relationships.	eir disclosure statements.
Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure statement, which we below.	ll appear in the box
Dr. Cafri has nothing to disclose.	

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Cafri 3



#### **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.

## 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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Sedrakyan 1



Section 1.	entifying Inform	ation						
Given Name (First Name)  Art			e (Last Name) 1	3. Date 28-March-2014				
4. Are you the corresponding author?		Yes 🗸 No		•	Corresponding Author's Name Samprit Banerjee			
5. Manuscript Title A Distributed Health Data Network Analysis of Survival Outcomes: The International Consortium of Orthopaedic Registries Perspective							opaedic Registries	
6. Manuscript Identifyi	ng Number (if you kno	ow it)						
Section 2. Th	e Work Under Co	nsiderati	on for Publ	cation				
any aspect of the subm statistical analysis, etc.)	itted work (including ?	but not limit	ed to grants, d				vate foundation, etc.) for ript preparation,	
Are there any relevant conflicts of interest? $\checkmark$ Yes $\checkmark$ 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			Personal No	n-Financial Support?	Other? Co	omments		
-DA		<b>✓</b>						
Section 3. Re	levant financial a	activities o	outside the	submitted	work.			
	appropriate boxes ir th entities as descril box. You should rep	n the table t bed in the in ort relation	o indicate whenstructions. Use ships that we	nether you ha	ave financial r or each entity	; add as many		
Section 4. Int	ellectual Proper	ty Paten	ts & Copyri	ghts				
Do you have any pate	ents, whether planr	ied, pendin	g or issued, b	roadly releva	ant to the wor	·k? Yes	✓ No	

Sedrakyan 2



Section 5. Polationships not severed above					
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?					
Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ 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. Sedrakyan reports grants from FDA, during the conduct of the study.					

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