

Instructions

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

Belmont 1



| Section 1. Identifying Infor | nation | | |
|--|---|--|-----|
| 1. Given Name (First Name) Philip | 2. Surname (Last Name) Belmont | 3. Date 29-May-2014 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Andrew Schoenfeld | |
| 5. Manuscript Title Incidence, Risk Factors and Timing for Total Knee and Hip Arthroplasty | Thirty-Day Postoperative N | Nyocardial Infarction and Cardiac Arrest Following Primary | |
| 6. Manuscript Identifying Number (if you k | now it) | _ | |
| | | | |
| Section 2. The Work Under (| Consideration for Public | cation | |
| any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inte | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) ata monitoring board, study design, manuscript preparation, | for |
| Section 3. Relevant financia | activities outside the s | submitted work. | |
| of compensation) with entities as desc | ribed in the instructions. Useport relationships that werest? | ether you have financial relationships (regardless of amour se one line for each entity; add as many lines as you need b re present during the 36 months prior to publication . | |
| Name of Entity | Grant? Personal Nor | on-Financial Other? Comments | |
| SLACK INC | | Payment to resdiency program for editing a book | |
| | | | |
| Section 4. Intellectual Prope | rty Patents & Copyric | ghts | |
| Do you have any patents, whether plan | nned, pending or issued, br | roadly relevant to the work? Yes V No | |

Belmont 2



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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. |
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| Dr. Belmont reports other from SLACK INC, outside the submitted work; . |

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Bader 1



| Section 1. Identifying Inform | aation | | |
|--|---|---|--|
| Given Name (First Name) Julia | 2. Surname (Last Name) Bader | | 3. Date 29-January-2014 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Auth Dr. Andrew Schoer | |
| 5. Manuscript Title Incidence, Risk Factors and Timing for T Total Knee and Hip Arthroplasty | hirty-Day Postoperative M | lyocardial Infarction a | and Cardiac Arrest Following Primary |
| 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, datest? Yes No ormation below. If you have | ta monitoring board, st | ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, ity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant? Personal Nor | n-Financial Other | Comments |
| The Geneva Foundation | | | Service Agreement |
| | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | |
| Place a check in the appropriate boxes i 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 | se one line for each e | ntity; add as many lines as you need by |
| Section 4. Intellectual Proper | ty Patents & Copyric | ghts | |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the | work? ☐ Yes ✓ No |

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| Dr. Bader reports other from The Geneva Foundation, during the conduct of the study; . |

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Goodman 1



| Section 1. | Identifying Inform | ation | |
|--|---|--|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Goodman | 3. Date 29-May-2014 |
| 4. Are you the cor | ou the corresponding author? Yes You Yes Andrew J. Schoenfeld, MD | | Corresponding Author's Name Andrew J. Schoenfeld, MD |
| and Hip Arthrop 6. Manuscript Ider | Timing for Thirty-Day F lasty ntifying Number (if you kr | | nfarction and Cardiac Arrest Following Primary Total Knee |
| JBJS-D-14-00153 | 3R1 | | |
| 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, |
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| of compensation clicking the "Add | n) with entities as descri | bed 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 re present during the 36 months prior to publication. |
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Goodman 2



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patent

Kusnezov 1



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|--|----------------------------------|---|--|-------------------|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Kusnezov | 3. Date 29-May-2014 | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Andrew J. Schoenfeld, MD | |
| 5. Manuscript Title Risk Factors and and Hip Arthrop | Timing for Thirty-Day F | Postoperative Myocardial I | nfarction and Cardiac Arrest Following Pri | mary Total Knee |
| 6. Manuscript Ider JBJS-D-14-00153 | ntifying Number (if you kr R1 | now it) | | |
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| Do you have any | | | | / No |

Kusnezov 2



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Waterman 1



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| 1. Given Name (First Name) Brian | 2. Surname (Last Name) Waterman | 3. Date 29-May-2014 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Andrew J. Schoenfeld, MD | |
| 5. Manuscript Title Risk Factors and Timing for Thirty-Day F and Hip Arthroplasty | Postoperative Myocardial I | nfarction and Cardiac Arrest Following Primary Total Knee | |
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| Section 4. Intellectual Proper | rty Patents & Copyric | ghts | |
| Do you have any patents, whether plan | | | |

Waterman 2



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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.

4. Intellectual Property.

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

Relationships not covered above.

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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

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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

Magee 1



| Section 1. | Identifying Inform | ation | |
|---|--|---------------------------------|---|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Magee | 3. Date 29-May-2014 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Andrew J. Schoenfeld, MD |
| and Hip Arthrop | Timing for Thirty-Day F lasty ntifying Number (if you kn | | nfarction and Cardiac Arrest Following Primary Total Knee |
| Section 2. | The Work Under Co | onsideration for Public | ration |
| 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 V No | | | |
| Section 3. | Relevant financial | activities outside the s | 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 present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | |
| Section 4. | Intellectual Proper | rty Patents & Copyric | ghts |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Magee 2



| Section 5. | Deletionaline net covered above |
|------------------|--|
| | 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): |
| ✓ 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 |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Magee has n | othing to disclose. |

Evaluation and Feedback

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Magee 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.

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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Schoenfeld 1



| Section 1. | dentifying Inform | nation | | | | |
|---|---|---------------------------------|------------------------|-----------------|--|---|
| 1. Given Name (First Andrew | , , | Surname (Last Nar Schoenfeld | ne) | | 3. Date 03-February-2014 | |
| 4. Are you the corresponding author? | | ✓ Yes No | | | | |
| 5. Manuscript Title Risk factors and tin hip arthroplasty | ning for thirty-day po | stoperative myocard | ial infarction and | d cardiac arres | t following primary total knee and | |
| · · · · · · · · · · · · · · · · · · · | fying Number (if you kn | ow it) | | | | |
| | | | | | | |
| Section 2. | he Work Under Co | onsideration for P | ublication | | | |
| | mitted work (including | | | | commercial, private foundation, etc.) for design, manuscript preparation, | ٢ |
| • | ant conflicts of intere | | No | | | |
| | t the appropriate info removed by pressing | | u have more tha | n one entity p | ress the "ADD" button to add a row | |
| Name of Institutio | | Grant? Personal Fees? | Non-Financial Support? | Other? Co | omments | |
| /eterans Administration | າ | | | ✓ Sala | ary | |
| Robert Wood Johnson F | oundation | ✓ | | | | |
| | | | | | | |
| Section 3. | elevant financial | activities outside | the submitted | work. | | |
| of compensation) v | vith entities as descri | bed in the instruction | ns. Use one line f | or each entity | relationships (regardless of amount r; add as many lines as you need by months prior to publication. | |
| Are there any relev | ant conflicts of intere | est? | No | | | |
| | | | | | | |
| Section 4. | ntellectual Proper | ty Patents & Coլ | oyrights | | | |
| Do you have any pa | atents, whether plani | ned, pending or issue | ed, broadly releva | ant to the wor | k? Yes 🗸 No | |

Schoenfeld 2



| Section 5. | | | | |
|---|--|--|--|--|
| Section 5. | Relationships not covered above | | | |
| | relationships 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 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. | | | | |
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