ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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.

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.
Grant: A grant from an entity, generally [but not always] paid to your organization
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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): James
2. Surname (Last Name): Browne
3. Date: 03-February-2014

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

5. Manuscript Title: Medicaid Payer Status is Associated with Increased In-Hospital Wound Problems and Resource Utilization Following Primary Total Joint 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.)?

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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
DJO Surgical	☐	☑	☐	☐	Consulting

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. Browne reports personal fees from DJO Surgical, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name): Michele
2. Surname (Last Name): D'Apuzzo
3. Date: 29-January-2014

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

Corresponding Author's Name: James Browne

5. Manuscript Title: Medicaid Patients Have Inherently Higher In-Hospital Wound Problems and Require More Resources Following Primary Total Joint Arthroplasty.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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Dr. D'Apuzzo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Wendy
2. Surname (Last Name): Novicoff
3. Date: 06-June-2014

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

Corresponding Author's Name: James A. Browne

5. Manuscript Title: Medicaid Payer Status is Associated with In-Hospital Morbidity and Resource Utilization Following Primary Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-14-00133R1

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