

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.

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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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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

Sepucha 1



Section 1.	Identifying Inforn	nation			
1. Given Name (Fi Karen	rst Name)	2. Surname (Last N Sepucha	ame)	3. Date 20-July-2016	
4. Are you the cor	responding author?	✓ Yes No			
Care: A Prospect		·	t Experience and R	educe Sur	rgical Rates in Routine Orthopaedic
Section 2.	The Work Under C	onsideration for	Publication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill of	submitted work (including etc.)? evant conflicts of inter out the appropriate inf	g but not limited to gr est? Yes ormation below. If y	ants, data monitorin	g board, sti	ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ty press the "ADD" button to add a row.
Name of Institut	be removed by pressir	Grant? Persona	Non-Financial Support?	Other?	Comments
Gordon and Betty Mo	oore Foundation	✓			
Section 3.	Relevant financial	activities outside	e the submitted	work.	
of compensation	n) with entities as descr	ribed in the instructi	ons. Use one line f	or each er	rial relationships (regardless of amount ntity; add as many lines as you need by a 26 months prior to publication .
Are there any rel	evant conflicts of inter	est? ✓ Yes	No		
If yes, please fill o	out the appropriate inf	ormation below.			
Name of Entity		Grant? Persona	Non-Financial Support?	Other?	Comments
nformed Medical De of Healthwise	ecisions Foundation, part			✓	Salary support as medical editor

Sepucha 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Sepucha reports grants from Gordon and Betty Moore Foundation, during the conduct of the study; other from Informed Medical Decisions Foundation, part of Healthwise, outside the submitted work.

Evaluation and Feedback

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Sepucha 3



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

Rubash 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Harry	2. Surname (Last Name) Rubash		3. Date 03-August-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title Patient Decision Aids Improve Decision Care: A Prospective Cohort Study		ience and Reduce Su	rgical Rates in Routine Orthopaedic
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Publi	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		ent, commercial, private foundation, etc.) for cudy design, manuscript preparation,
· ·	ormation below. If you hav	e more than one ent	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal No	n-Financial Other?	Comments
Gordon and Betty Moore Foundation	V		Funding to institution
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repart there any relevant conflicts of interest.	in the table to indicate wh ibed in the instructions. Us port relationships that wei	ether you have finand se one line for each ei	ntity; add as many lines as you need by
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 ✓ No

Rubash 2



Section 5. Polationships not severed above					
Relationships not covered above					
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Section 6. Disclosure Statement					
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Dr. Rubash reports grants from Gordon and Betty Moore Foundation, during the conduct of the study.					

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

Freiberg 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Andrew	2. Surname (Last N Freiberg	ame)	3. Date 27-July-2016
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut Karen Sepucha	hor's Name
5. Manuscript Title Patient Decision Aids Improve Decision Care: A Prospective Cohort Study	Quality and Patier	t Experience and Reduce S	furgical Rates in Routine Orthopaedic
6. Manuscript Identifying Number (if you kno	ow it)		
Section 2. The Work Under Co	nsideration for	Publication	
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)?			ment, commercial, private foundation, etc.) for study design, manuscript preparation,
Are there any relevant conflicts of intere	st? ✓ Yes	No	
		ou have more than one er	ntity press the "ADD" button to add a row.
Excess rows can be removed by pressing			
Name of Institution/Company	Grant? Person.	Non-Financial Other	Comments
Gordon and Betty Moore Foundation	✓		Funds to institution
Section 3. Relevant financial a	activities outsid	e the submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	bed in the instruct	ons. Use one line for each	
Are there any relevant conflicts of intere	st? 🗸 Yes	No	
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Grant? Person	Non-Financial Other	? Comments
Zimmer Biomet			Royalty, Consultant
ArthroSurface			Shares / Ownership
Orthopaedic Technology Group			Owner

Freiberg 2



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Dr. Freiberg reports grants from Gordon and Betty Moore Foundation, during the conduct of the study; other from Zimmer Biomet, other from ArthroSurface, other from Orthopaedic Technology Group, outside the submitted work.

Evaluation and Feedback

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1

administrative support, etc.



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Leigh	rst Name)	2. Surname (Last Name Simmons	2)	3. Date 03-Augus	t-2016
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding A		
Care: A Prospect	e Aids Improve Decision ive Cohort Study ntifying Number (if you kr	•	perience and Reduce	: Surgical Rates in Ro	utine Orthopaedic
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants est? Yes Normation below. If you	, data monitoring boar	d, study design, manus	rivate foundation, etc.) for script preparation, O" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Oth	er? Comments	
Gordon and Betty Mo	oore Foundation	✓			
	ı				
Section 3.	Relevant financial	activities outside th	e submitted work	k.	
of compensation clicking the "Add	the appropriate boxes i) with entities as descri +" box. You should rep evant conflicts of intere	ibed in the instructions port relationships that	. Use one line for eac were present during	h entity; add as many	y lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copy	/rights		
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to	the work? Yes	✓ No

Simmons 2



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Dr. Simmons reports grants from Gordon and Betty Moore Foundation, during the conduct of the study.

Evaluation and Feedback

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4. Are you the cor	responding author?	Yes ✓ N	lo Correspon Karen Sep	nding Author's Name oucha	
5. Manuscript Title Patient decision prospective coh	aids improve decision	ı quality, patient ex	perience and reduc	e surgical rates in rout	ine orthopedic care:
6. Manuscript Ide	ntifying Number (if you k	know it)			
Section 2.					
	The Work Under C				
	submitted work (includin				ial, private foundation, etc.) for nanuscript preparation,
· · · · · · · · · · · · · · · · · · ·	evant conflicts of inte	rest? 🗸 Yes	No		
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excess rows can	be removed by pressir		al Nametonia		
Name of Institut	tion/Company	Grant? Perso	2	Other Comment	:s
Gordon and Betty Mo	oore Foundation	✓			
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If yes, please fill o	out the appropriate in	formation below.			
Name of Entity		Grant? Person		Other? Comment	rs .
North American Spin	e Society	✓			
Bio2				Consulting	
Nuvasive				Consulting	



None of Europe	Grant?	Personal	Non-Financial	7	C	
Name of Entity	Grant	Fees?	Support?	Other •	Comments	
K2M		✓			Consulting	
GE Healthcare		✓			Consulting	
AO Spine	✓				Institutional Fellowship Support	
K2M	✓				Institutional Fellowship Support	
Orthopaedic Research and Education Forum	√				Institutional Fellowship Support	
Section 4. Intellectual Propert	ty Pate	ents & Cop	pyrights			
De very have any national sub-other plane	امممالمه	i	مرام المرام المرام المرام المرام المرام		world? Ves (Ne	
Do you have any patents, whether plann	iea, pena	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes 📝 No	
Continue F						
Section 5. Relationships not o	overed	above				
Are there other relationships or activities potentially influencing, what you wrote it				nfluence	d, or that give the appearance of	
Yes, the following relationships/cond	Yes, the following relationships/conditions/circumstances are present (explain below):					
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Royalties: Funds are coming in to you or your institution due to your patent

Dorrwachter 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Janet	rst Name)	2. Surname (Last Name) Dorrwachter		3. Date 01-August-201	16
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Aut Karen Sepucha Ph		
Care: A Prospect		n Quality and Patient Exp	perience and Reduce S	urgical Rates in Routine	e Orthopaedic
Section 2.	The Work Under Co	onsideration for Pub	lication		
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	ormation below. If you h	data monitoring board,	study design, manuscript	preparation,
Name of Institut	ion/Company	Grant? Personal N	on-Financial Other	? Comments	
Gordon and Betty Mo	oore Foundation	✓			
	ı				
Section 3.	Relevant financial	activities outside th	e submitted work.		
of compensation clicking the "Add Are there any rel	ı) with entities as descri	in the table to indicate vibed in the instructions. port relationships that viest? Yes V	Use one line for each vere present during t	entity; add as many line	es as you need by
Section 4.	Intellectual Proper	rty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant to th	ne work? ☐ Yes 🗸	No

Dorrwachter 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.	isclosure Statement
Di	isclosure Statement
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Dorrwachter rep	ports grants from Gordon and Betty Moore Foundation, during the conduct of the study.

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Dorrwachter 3



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patent

Mangla 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Mahima	2. Surname (Last Name) Mangla		3. Date 01-August-2016		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name		
5. Manuscript Title Patient Decision Aids Improve Decision Quality and Patient Experience and Reduce Surgical Rates in Routine Orthopaedic Care: A Prospective Cohort Study					
6. Manuscript Identifying Number (if you kr	iow it)				
Section 2. The Work Under Co	onsideration for Public	cation			
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If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one enti	ty press the "ADD" button to add a row	٧.	
Name of Institution/Company	Grant'	n-Financial Other?	Comments		
Gordon and Betty Moore Foundation	✓			_	
Section 3. Relevant financial	activities outside the s	submitted work.			
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Section 4. Intellectual Proper					
Intellectual Proper	rty Patents & Copyric	ghts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Mangla 2



Section 5. Polationships not severed above
Relationships not covered above
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Chang 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Yuchiao		2. Surname (Last Nam Chang	ne)	3. Date 02-August-2016	
4. Are you the corre	sponding author?	Yes ✓ No	Corresponding Au Karen Sepucha	thor's Name	
5. Manuscript Title Patient Decision Aids Improve Decision Quality and Patient Experience and Reduce Surgical Rates in Routine Orthopaedic Care: A Prospective Cohort Study					
6. Manuscript Identi	ifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Pu	ıblication		
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If yes, please fill ou	it the appropriate info	ormation below. If you		ntity 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 Support Comments					
Gordon and Betty Moore Foundation					
Section 3.	Relevant financial	activities outside t	he submitted work.		
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Section 4.	ntellectual Proper	rty Patents & Cop	yrights		
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Chang 2



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Section 1.	Identifying Infor	mation				
1. Given Name (Fi Steven	irst Name)	2. Surname (Last Name) Atlas	3. Date 26-July-2016			
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sepucha, Karen			
5. Manuscript Title Patient Decision Aids Improve Decision Quality and Patient Experience and Reduce Surgical Rates in Routine Orthopaedic Care: A Prospective Cohort Study 6. Manuscript Identifying Number (if you know it)						
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Name of Institut	tion/Company	Grant	n-Financial other?	Comments		
Gordon and Betty M	oore Foundation	✓				
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Name of Entity		Grant	n-Financial Other?	Comments		
JpToDate Inc.				Royalties paid as medical editor for		



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Healthwise				√	Healthwise produces shared decision making programs and I work as a medical editor for this not-for-profit company
Section 4.					
Intellectual Propert	ty Pate	ents & Co _l	pyrights		
Do you have any patents, whether plann	ied, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No
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