

Instructions

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

Helwani 1



| Section 1. | Identifying Inform | ation | |
|---|--|---|-------------------------|
| 1. Given Name (First Name) Mohammad A. | | 2. Surname (Last Name) Helwani | 3. Date 12-May-2014 |
| 4. Are you the corresponding author? | | ✓ Yes No | |
| 5. Manuscript Title Regional versus G | seneral Anesthesia and | Outcomes after Total Hip Arthroplasty: A Propensi | ty-Matched Cohort Study |
| 6. Manuscript Ident | tifying Number (if you kn | ow it) | |
| | | | |
| Section 2. | The Work Under Co | onsideration for Publication | |
| Did you or your inst any aspect of the su statistical analysis, e | itution at any time recei Ibmitted work (including | ve payment or services from a third party (government, o but not limited to grants, data monitoring board, study o | |
| Section 3. | Relevant financial | activities outside the submitted work. | |
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| Section 4. | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyrights | |
| Do you have any p | patents, whether planr | ned, pending or issued, broadly relevant to the wor | k? ☐ Yes ✓ No |

Helwani 2



| Section 5. Relationships not covered above |
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| Dr. Helwani has nothing to disclose. |

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Helwani 3



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Ben Abdallah 1



| Section 1. | Identifying Inform | nation | |
|---|----------------------------|--|--|
| 1. Given Name (First Name) Arbi | | 2. Surname (Last Name) Ben Abdallah | 3. Date 13-May-2014 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Dr. Mohammad A. Helwani |
| 5. Manuscript Title Regional versus Study Annals of | General Anesthesia and | d Outcomes after Total Hip | o Arthroplasty: A Retrospective Propensity-Matched Cohort |
| • | ntifying Number (if you kr | now it) | |
| | | | |
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| 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 ata monitoring board, study design, manuscript preparation, |
| Section 3. | Relevant financial | activities outside the s | submitted work. |
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| Section 4. | locallo de al D | to Details 0.C. | |
| | Intellectual Proper | rty Patents & Copyri | ghts |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | |

Ben Abdallah



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| Section 1. Identifying Inform | nation | | |
|---|----------------------------------|---|--|
| 1. Given Name (First Name) Dagmar | 2. Surname (Last Name) Kaiser | 3. Date 17-April-2014 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Helwani | |
| 5. Manuscript Title Regional vs General Anesthesia and ou | itcomes after total hip arth | roplasty: A propensity matched cohort study | |
| 6. Manuscript Identifying Number (if you k | now it) | | |
| | | | |
| Section 2. The Work Under C | onsideration for Public | cation | |
| 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 | | | |
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Avidan 1



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|---|----------------------------|----------------------------------|---|
| Given Name (First Name) Michael | | 2. Surname (Last Name) Avidan | 3. Date 13-May-2014 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Mohammad A. Helwani, MD |
| 5. Manuscript Title Regional versus | | l outcomes after total hip a | arthroplasty: a propensity-matched cohort study |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | |
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Avidan 2



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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 **Issued:** The patent has been issued by the agency

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

Hall



| Section 1. Identifying Inforn | nation | | |
|---|----------------------------------|--|--|
| Given Name (First Name) Bruce | 2. Surname (Last Name) Hall | 3. Date 19-August-2014 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Helwani | |
| 5. Manuscript Title Regional versus General Anaesthesia a Cohort Study | nd Outcomes after Total Hip | p Arthroplasty: A Retrospective Propensity-Matched | |
| 6. Manuscript Identifying Number (if you ki JBJS-D-14-00612R1 | now it) | | |
| | | | |
| Section 2. The Work Under C | onsideration for Public | ation | |
| | g but not limited to grants, dat | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | |
| | | | |
| 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 Prope | rty Patents & Copyrig | hts | |
| Do you have any patents, whether plan | ned, pending or issued, bro | oadly relevant to the work? ☐ Yes ✓ No | |

Hall 2



| Section 5. | 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 |
| Director of the Natio | sultant to the American College of Surgeons, a not-for-profit professional organization, in his role as a onal Surgical Quality Improvement Program. This work makes use of publicly available data sourced from is no conflict of interest related to this publication. |
| | script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ls 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 |
| organization, in his | I Dr. Hall is a paid consultant to the American College of Surgeons, a not-for-profit professional role as a Director of the National Surgical Quality Improvement Program. This work makes use of ata sourced from that program. There is no conflict of interest related to this publication |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Hall 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".

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.

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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Clohisy 1



| Section 1. | ion 1. Identifying Information | | | | | |
|--|--------------------------------|---|------------------------|---|---------------------------|--|
| 1. Given Name (First Name) John | | 2. Surname (Last Name) Clohisy | | 3. Date 27-May-201 | 3. Date 27-May-2014 | |
| 4. Are you the corresponding author? | | Yes ✓ No | • | nding Author's Name ned Helwani | | |
| 5. Manuscript Title Regional versus Study | | nd Outcomes after T | otal Hip Arthroplas | ty: A Retrospective Propensi | ity-Matched Cohort | |
| | ntifying Number (if you | know it) | | | | |
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| | | | | | | |
| Section 2. | The Work Under | Consideration for | Publication | | | |
| Did you or your in | | | | (government, commercial, priva | ate foundation, etc.) for | |
| 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 | | | | | | |
| | | | _ | | | |
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| Section 3. | Relevant financia | l activities outsic | le the submitted | work. | | |
| of compensation clicking the "Add | n) with entities as desc | cribed in the instruct eport relationships t | tions. Use one line f | ave financial relationships (re for each entity; add as many l during the 36 months prior | ines as you need by | |
| If yes, please fill o | out the appropriate in | formation below. | _ | | | |
| | | | | | | |
| Name of Entity | | Grant? Person Fees | Non-Financial Support? | Other Comments | | |
| Zimmer, Inc. | | √ | Support | | | |
| Wright Medical Technologies | | | | | | |
| Biomet Manufacturing Corp | | | | Consultant | | |
| Pivot Medical | | | | Consultant | | |
| Smith and Nephew | | | | | | |

Clohisy 2



| Section 4. Intellectual Property - Patents & Conscients | | | | | |
|---|--|--|--|--|--|
| Intellectual Property Patents & Copyrights | | | | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |
| Section 5. 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? | | | | | |
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| 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. Clohisy reports grants from Zimmer, Inc., grants from Wright Medical Technologies, other from Biomet Manufacturing Corp, other from Pivot Medical, grants from Smith and Nephew, outside the submitted work; . | | | | | |

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Clohisy 3