

Instructions

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

Franklin 1



Section 1. Iden	ntifying Informa	tion							
1. Given Name (First Nam Patricia	ne)	2. Surname (Last Nai Franklin	me)		3. Date 04-March-2	2014			
4. Are you the corresponding author? ✓ Yes No									
5. Manuscript Title Implementation of pati	ient-reported outc	omes in US total jo	int replacement ı	registries: ratio	onale, status, a	and plans			
6. Manuscript Identifying	Number (if you kno	w it)							
Section 2. The	Work Under Co.	nsideration for P	ublication						
Did you or your institution				(government, c	commercial, priv	vate foundation, etc.) for			
any aspect of the submitte statistical analysis, etc.)?	ed work (including b	out not limited to gran	nts, data monitorin						
Are there any relevant of the liftyes, please fill out the	appropriate infor	mation below. If yo	No u have more thar	n one entity p	ress the "ADD"	' button to add a row.			
Excess rows can be rem									
Name of Institution/Co	mpany	Grant? Personal Fees?	Non-Financial Support?	Other ? Co	omments				
University of Massachusetts	Medical School	✓		AHF	RQ				
Section 3. Role									
Rele	vant financial a	ctivities outside	the submitted	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 of	Are there any relevant conflicts of interest? Yes Vo								
Section 4. Intel	lectual Property	y Patents & Co	pyrights						
Do you have any paten				ant to the wor	k? Yes	✓ No			

Franklin 2



c .: -										
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?									
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):									
✓ No other rela	tionships/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 abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box									

Evaluation and Feedback

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

Franklin 3



Section 1. Identifying Infor	mation								
Given Name (First Name) William	2. Surname (Last Na Jiranek	me) 3. Date 05-March-2014							
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Patricia Franklin							
5. Manuscript Title Implementation of patient-reported o	utcomes in US total jo	int replacement registries: rationale, status, and plans							
6. Manuscript Identifying Number (if you l	know it)								
Section 2. The Work Under (Consideration for P	ublication							
any aspect of the submitted work (includir statistical analysis, etc.)?	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 Vo								
Section 3. Relevant financia	l activities outside	the submitted work.							
of compensation) with entities as desc	cribed in the instruction eport relationships the crest? Yes	te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication . No							
	3 Porsonal	Non-Financial C., 7 Campus							
Name of Entity	Grant? Personal Fees?	Support? Other Comments							
DePuy, Inc		✓ Royalties and consulting							
Section 4. Intellectual Prope	erty Patents & Co	pyrights							
Do you have any patents, whether pla	nned, pending or issu	ed, broadly relevant to the work? Yes V							



Section 5. Paletin 12
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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Identifying Information	ation								
1. Given Name (First Name) Kevin	2. Surnam Bozic	ne (Last Nar	ne)		3. Date 05-March-2014				
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Patricia Franklin				or's Name				
5. Manuscript Title Implementation of patient-reported outcomes in US total joint replacement registries: rationale, status, and plans									
6. Manuscript Identifying Number (if you kno	ow it)								
Section 2. The Work Under Co									
The Work Under Co	nsiderat	ion for P	ublication						
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests	but not limi st? ✓ Y	es	its, data monitoring	board, stu	udy design, manuscript preparation,				
If yes, please fill out the appropriate info Excess rows can be removed by pressing			u have more than	one enti	ty press the "ADD" button to add a row.				
Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments				
California Joint Replacement Registry (CJRR)		✓			Consultancy				
Section 3. Relevant financial a	ctivities	outside 1	the submitted	work.					
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interests.	oed in the ort relation of Y	instructior nships tha es	ns. Use one line fo	r each er	ntity; add as many lines as you need by				
if yes, please fill out the appropriate info	If yes, please fill out the appropriate information below.								
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments				
AAOS (Council on Research and Quality)					Board Membership				
AAHKS (Health Policy, EBPC) American Joint Replacement Registry (Board of Directors) DREF (Board of Trustees) JCSF Medical Center (HTAP)				✓					



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AHRQ, RWJF, CHCF, UC CHQI, CalPERS	✓				Grants	
Institute for Healthcare Improvement, Pacific Business Group on Health, Harvard Business School (Visiting Scholar)		✓			Consultancy	
Section 4. Intellectual Proper	ty Pate	ents & Co	pyrights			
Do you have any patents, whether planr				int to the	work? Yes V No	
Section 5. Relationships not o	overed	above				
Are there other relationships or activities potentially influencing, what you wrote			•	influence	d, or that give the appearance of	
Yes, the following relationships/cond	ditions/cir	cumstance	es are present (ex	plain belo	ow):	
No other relationships/conditions/ci						
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•	ments.
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form		omatically	generate a disclo	sura state	ment which will appear in the ho	v
below.	i wiii aucc	omatically	generate a discio	sure state	ment, which will appear in the 50	^
Dr. Bozic reports personal fees from Cali from AAOS (Council on Research and Qu AAHKS (Health Policy, EBPC)		nt Replace	ment Registry (CJ	RR), duri	ng the conduct of the study; other	
American Joint Replacement Registry (B	oard of D	irectors)				
OREF (Board of Trustees) UCSF Medical Center (HTAP), grants fror Improvement, Pacific Business Group or						



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Ayers 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Ayers		3. Date 04-March-2014				
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Au	ıthor's Name				
5. Manuscript Title Implementation		tcomes in US total joint	replacement registri	es: rationale, status, and plans				
6. Manuscript Ider	ntifying Number (if you kn	now it)						
Section 2.	The Work Under Co	onsideration for Pub	lication					
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	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 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 Institut	ion/Company	Grant'	on-Financial Support?	r? Comments				
University of Massach	nusetts Medical School	V		AHRQ				
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Section 4.	Intellectual Proper	ty Patents & Copyr	ights					
Do you have any	patents, whether plani	ned, pending or issued, I	proadly relevant to t	he work? ☐ Yes ✓ No				

Ayers 2



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	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?								
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Hallstrom 1



Section 1.	dentifying Inform	ation						
1. Given Name (First l Brian	, ,	2. Surname (Las Hallstrom	st Name)		3. Date 12-March-2014			
4. Are you the corresp	oonding author?	Yes ✓	•	orresponding Author's Name atricia Franklin, MD, PhD				
5. Manuscript Title Implementation of	patient-reported ou	tcomes in the U	S total joint replace	ment registr	ies			
6. Manuscript Identify	ying Number (if you kn	ow it)						
Section 2. T	he Work Under Co	onsideration f	or Publication					
	mitted work (including		•		ent, commercial, private foundation, etc.) and design, manuscript preparation,	or		
Are there any releva	ant conflicts of intere		No					
	the appropriate info removed by pressing			nan one entit	ty press the "ADD" button to add a ro	W .		
Name of Institution	n/Company	Grant? Perso	2	Other?	Comments			
Blue Cross Blue Shield of	f Michigan			✓	BCBSM funds MARCQI including salary support of 20% for my role as Co-Director.			
Section 3.	elevant financial	activities outs	ide the submitte	d work.				
of compensation) w clicking the "Add +"	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 releva	ant conflicts of intere	est? Yes	√ No					
Section 4.	stolloctual Dromor	tu Datante (Conveights					
	itellectual Proper		.,,					
Do you have any pa	tents, whether plans	ned, pending or	issued, broadly rele	evant to the v	work? Yes V No			

Hallstrom 2



Section 5.									
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 otentially influencing, what you wrote in the submitted work?								
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Dr. Hallstrom rep	ports other from Blue Cross Blue Shield of Michigan, during the conduct of the study; .								

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5. Manuscript Title Implementation of patient-reported out	comes in US total joint re	eplacement registries: rationale, status, and plans							
6. Manuscript Identifying Number (if you kno	ow it)								
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Section 2. The Work Under Co	nsideration for Publi	cation							
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Mako/Stryker		Royalties							
Pipeline Biomedical		Royalties, paid consultant							
Zimmer		Royalties, speakers bureau, Paid Consultant							
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0	n selected Hip impl	ants	✓	✓	✓	✓	Zimmer		
0	n selected Knee Imp	olants	✓	✓	✓	✓	Zimmer		
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		Relationshi	•						
	Are there other r potentially influe	•			•	eive to have	e influenced, or tl	nat give the appearance of	
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