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.

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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.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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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): Richard
2. Surname (Last Name): Hughes
3. Date: 12-April-2018

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

Corresponding Author's Name: Paul Charpentier

5. Manuscript Title: Readmission Rates for Single Midnight Versus Two Midnight Length of Stay in Primary Total Knee Arthroplasty: Analysis of the MARCQI Database

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.)?

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 Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Blue Cross Blue Shield of Michigan	☐	☐	☐	☑	Funds to operate MARCQI	

Section 3. Relevant financial activities 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 conflicts of interest? ☐ Yes ☑ No

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. Hughes reports other from Blue Cross Blue Shield of Michigan, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Ajay
2. Surname (Last Name): Srivastava
3. Date: 01-April-2018

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

Corresponding Author's Name: Paul M Charpentier

5. Manuscript Title
Readmission Rates for Single Midnight Versus Two Midnight Length of Stay in Primary Total Knee Arthroplasty: Analysis of the MARCQI Database

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00166

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Srivastava has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Huiyong
2. Surname (Last Name): Zheng
3. Date: 02-April-2018

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

Corresponding Author's Name: Paul M Charpentier

5. Manuscript Title: Readmission Rates for Single Midnight Versus Two Midnight Length of Stay in Primary Total Knee Arthroplasty: Analysis of the MARCQI Database

6. Manuscript Identifying Number (if you know it): JBJS-D-18-00166

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Dr. Zheng has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Paul
2. Surname (Last Name): Charpentier
3. Date: 01-April-2018

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

5. Manuscript Title
Readmission Rates for Single Midnight Versus Two Midnight Length of Stay in Primary Total Knee Arthroplasty: Analysis of the MARCQI Database

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00166R1

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Dr. Charpentier has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): James
2. Surname (Last Name): Ostrander
3. Date: 01-April-2018

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

Corresponding Author's Name: Paul Charpentier

5. Manuscript Title: Readmission Rates for Single Midnight Versus Two Midnight Length of Stay in Primary Total Knee Arthroplasty: Analysis of the MARCQI Database

6. Manuscript Identifying Number (if you know it): JBJS-D-18-00166

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Dr. Ostrander has nothing to disclose.

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