

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".

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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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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)
Sean

2. Surname (Last Name)
Banks

3. Date
24-October-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Angela Winegar

5. Manuscript Title

A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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

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Dr. Banks has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Bozic

3. Date
04-October-2017

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

5. Manuscript Title
A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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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
Agency for Healthcare Research and Quality (AHRQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support
California Public Employees' Retirement System (CalPERS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support
Harvard Business School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting Scholar
Centers for Medicare and Medicaid Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
American Joint Replacement Registry (AJRR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Governance/Leadership Role (Board of Directors)
National Institutes for Health (NIH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support

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Institute for Healthcare Improvement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
American Academy of Orthopaedic Surgeons (AAOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Governance/Leadership Role
American Association of Hip and Knee Surgeons (AAHKS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Governance/Leadership Role
Orthopaedic Research and Education Foundation (OREF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Governance/Leadership Role
Hip Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee Member
Knee Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee Member

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Dr. Bozic reports grants from Agency for Healthcare Research and Quality (AHRQ), grants from California Public Employees' Retirement System (CalPERS), personal fees from Harvard Business School, personal fees from Centers for Medicare and Medicaid Services, other from American Joint Replacement Registry (AJRR), grants from National Institutes for Health (NIH), personal fees from Institute for Healthcare Improvement, other from American Academy of Orthopaedic Surgeons (AAOS), other from American Association of Hip and Knee Surgeons (AAHKS), other from Orthopaedic Research and Education Foundation (OREF), other from Hip Society, other from Knee Society, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Erlinger

3. Date
31-October-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kevin J. Bozic

5. Manuscript Title
A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Erlinger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Angela

2. Surname (Last Name)
Winegar

3. Date
09-October-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Kevin J. Bozic, MD, MBA

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Tanmaya

2. Surname (Last Name)
Sambare

3. Date
23-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kevin Bozic

5. Manuscript Title
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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".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tiffany

2. Surname (Last Name)

Liu

3. Date

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kevin Bozic

5. Manuscript Title

A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Tiffany Liu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Lauren

2. Surname (Last Name)
Jackson

3. Date
09-October-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kevin J. Bozic, MD, MBA

5. Manuscript Title

A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

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Lauren W. Jackson has nothing to disclose.

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1. Given Name (First Name)
William

2. Surname (Last Name)
Schultz

3. Date
25-October-2017

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☐ Yes ☒ No

Corresponding Author's Name
Kevin Bozic

5. Manuscript Title
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