

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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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

Brooks 1



| Section 1. | Identifying Inform | nation | |
|---|----------------------------|--|--|
| 1. Given Name (Fir Peter | rst Name) | 2. Surname (Last Name) Brooks | 3. Date 23-May-2018 |
| 4. Are you the corr | responding author? | Corresponding Author's Name Kurt Spindler MD | |
| 5. Manuscript Title Implementing a S OME Cohort | | t-effective, and Scalable D | ata Collection System at Point of Care: The Cleveland Clinic |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | |
| | | | - |
| Section 2. | The Work Under Co | onsideration for Public | ation |
| any aspect of the si statistical analysis, | ubmitted work (including | but not limited to grants, da | 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. |
| of compensation clicking the "Add |) with entities as descri | ibed in the instructions. Us port relationships that wer — | ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication . |
| Section 4. | | | |
| | Intellectual Proper | rty Patents & Copyrig | ints |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Brooks 2



| Section 5. | |
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| Section 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, 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 |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Brooks has n | othing to disclose. |

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Brooks 3



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Piuzzi 1



| Section 1. | Identifying Inform | ation | |
|---|---------------------------|----------------------------------|---|
| 1. Given Name (Fir Nicolas | st Name) | 2. Surname (Last Name) Piuzzi | 3. Date 17-May-2018 |
| 4. Are you the corr | esponding author? | ☐ Yes ✓ No | Corresponding Author's Name Kurt P. Spindler, MD |
| 5. Manuscript Title Implementing a S OME Cohort | | t-effective, and Scalable D | ata Collection System at Point of Care: The Cleveland Clinic |
| 6. Manuscript Iden | tifying Number (if you kn | ow it) | |
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| Section 2. | The Work Under Co | onsideration for Public | cation |
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| of compensation |) with entities as descri | bed in the instructions. Us | ether you have financial relationships (regardless of amount ee one line for each entity; add as many lines as you need by e present during the 36 months prior to publication . |
| Are there any rele | evant conflicts of intere | est? Yes ✓ No | |
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| Section 4. | Intellectual Proper | ty Patents & Copyri <u>c</u> | jhts |
| Do you have any | patents, whether plani | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Piuzzi 2



| Section 5. Relationships not sovered above |
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| 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 following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/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 statement On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement |
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| Dr. Piuzzi has nothing to disclose. |

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Hettrich 1



| Section 1. | Identifying Inform | nation | | | | | |
|---|--|---|---|--|--|--|--|
| 1. Given Name (Fi Carolyn | | 2. Surname (Last Name) Hettrich | | 3. Date 29-May-2018 | | | |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's Nan Kurt Spindler | Corresponding Author's Name Kurt Spindler | | | |
| 5. Manuscript Title Implementing a OME Cohort | | t-effective, and Scalable [| Data Collection System at Poi | int of Care: The Cleveland Clinic | | | |
| 6. Manuscript Idei | ntifying Number (if you kn | now it) | | | | | |
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| Section 3. | Relevant financial | activities outside the | submitted work. | | | | |
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Hettrich 2



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| | Relationships not covered above |
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| Yes, the follow | ving relationships/conditions/circumstances are present (explain below): |
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|--|----------------------------|--------------------------------|---------------------------------|---------------------------|------------|---|----------|
| 1. Given Name (Fii Carlos | rst Name) | 2. Surnam Higuera | ne (Last Nan | ne) | | 3. Date 18-May-2018 | |
| 4. Are you the cor | responding author? | Yes | ✓ No | Correspond Kurt P. Spi | _ | or's Name | |
| 5. Manuscript Title Implementing a OME Cohort | | t-effective, | and Scalal | ole Data Collectic | on System | n at Point of Care: The Clevelanc | l Clinic |
| 6. Manuscript Ider | ntifying Number (if you kn | ow it) | | | | | |
| Continue 2 | | | | | | | |
| Section 2. | The Work Under Co | onsiderati | ion for P | ublication | | | |
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| of compensation clicking the "Add Are there any rele |) with entities as descri | bed in the port relation st? Y | instructior nships tha es | ns. Use one line fo | or each er | cial relationships (regardless of a ntity; add as many lines as you r e 36 months prior to publicati | eed by |
| Name of Entity | | Grant? | Personal | Non-Financial | Other? | Comments | |
| Stryker | | ✓ | Fees | Support • | | | |
| KCI | | ▼ | ✓ | | | Consulting fees | |
| Ferring Pharmaceutic | | ▼ | | | | | |
| CD Diagnostics | | ▼ | | | | | |
| Zimmer Biomet | | ✓ | ✓ | | | Consulting fees | |
| 3M | | ✓ | | | | | |
| OREF | | ✓ | | | | | |
| Cempra | | ✓ | | | | | |



| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
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| Orthofix | ✓ | | | | | |
| Cymedica | ✓ | | | | | |
| Pacira | ✓ | | | | | |
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| Section 4. | | | | | | |
| Intellectual Propert | ty Pate | ents & Co _l | oyrights | | | |
| Do you have any patents, whether planr | ied, pend | ing or issue | ed, broadly releva | nt to the | work? Yes 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 | s are present (exp | olain belc | ow): | |
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| At the time of manuscript acceptance, jo On occasion, journals may ask authors to | | | | | | nts. |
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| Based on the above disclosures, this form below. | | omatically (| generate a disclos | sure state | ment, which will appear in the box | |
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Lynch 1



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|--|--|---|---------------------------|--|--|--|--|--|
| 1. Given Name (Fi T. Sean | rst Name) | 2. Surname (Last Name) Lynch | | 3. Date 17-May-2018 | | | | |
| 4. Are you the cor | the corresponding author? Yes Vo Corresponding Author's Name | | | | | | | |
| 5. Manuscript Title Implementing a Scientifically, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort | | | | | | | | |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | | | | | | |
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| of compensation clicking the "Add Are there any rel |) with entities as descri | ibed in the instructions. It port relationships that we est? Yes No | Jse one line for each en | ial relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication . | | | | |
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| Name of Entity | | Grant | on-Financial Support? | Comments | | | | |
| Smith and Nephew | | | | Consultant | | | | |
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Lynch 2



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Lynch 3



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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.

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|---------------------------|--|--------------------------------|----------------------|------------|--|--|--|--|
| Section 1. | Identifying Inforr | nation | | | | | | |
| 1. Given Name (Fi Kurt | rst Name) | 2. Surname (Last I Spindler | lame) | | 3. Date 21-September-2018 | | | |
| 4. Are you the cor | 4. Are you the corresponding author? Yes No | | | | | | | |
| OME Cohort | Scientifically Valid, Co | | alable Data Collecti | on System | n at Point of Care: The Cleveland Clinic | | | |
| 6. Manuscript Ide | ntifying Number (if you k | now it) | | | | | | |
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| Section 2. | | | | | | | | |
| Section 2. | The Work Under C | Consideration for | Publication | | | | | |
| | ubmitted work (includin | | | | ent, commercial, private foundation, etc.) for udy design, manuscript preparation, | | | |
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| of compensation | n) with entities as descr | ribed in the instruct | ions. Use one line f | or each er | cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication . | | | |
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| Name of Entity | | Grant? Person | | Other? | Comments | | | |
| NIH/NIAMS R01 AR05 | 3684 | ✓ | | | | | | |
| Smith & Nephew Enc | loscopy | | | ✓ | Funding for Research | | | |
| DonJoy Orthopaedic | S | | | ✓ | Funding for Research | | | |



| Name of Entity | Grant? | Personal Fees | Non-Financial Support? | Other? | Comments | |
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| NFL | | | | √ | Royalty or consulting fee | |
| Cytori | | | | ✓ | Royalty or consulting fee | |
| Mitek | | | | √ | Royalty or consulting fee | |
| C. ali u A | | | | | | |
| Section 4. Intellectual Propert | ty Pate | ents & Co _l | pyrights | | | |
| Do you have any patents, whether plann Section 5. Relationships not of | · | | ed, broadly releva | nt to the | work? Yes V No | |
| Relationships not o | overed | above | | | | |
| Are there other relationships or activities potentially influencing, what you wrote | | | • | nfluence | d, or that give the appearance of | |
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| ✓ No other relationships/conditions/cit | rcumstan | ces that pre | esent a potential | conflict o | finterest | |
| At the time of manuscript acceptance, jo On occasion, journals may ask authors to | | | | | • | ents. |
| Section 6. Disclosure Stateme | nt | | | | | |
| Based on the above disclosures, this form below. | n will aut | omatically (| generate a disclos | sure state | ement, which will appear in the box | |
| Dr. Spindler reports other from nPhase, Smith & Nephew Endoscopy, other from outside the submitted work; . | | | | | | m |
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Kattan 1



| Section 1. | Identifying Inform | nation | | | | |
|---|--|---|---|-------------------------------|------------------------|---------------------|
| 1. Given Name (Firs Michael | | 2. Surname (Last Nam Kattan | e) | | 3. Date 21-May-2018 | |
| 4. Are you the corre | esponding author? | Yes ✓ No | - | ding Author's N indler, MD | Name | |
| 5. Manuscript Title Implementing a S OME Cohort | cientifically Valid, Cos | t-effective, and Scalab | le Data Collectio | on System at F | Point of Care: The | Cleveland Clinic |
| 6. Manuscript Ident | tifying Number (if you kn | ow it) | | | | |
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| Section 2. | The Work Under Co | onsideration for Pu | ıblication | | | |
| any aspect of the su statistical analysis, e | itution at any time recei bmitted work (including tc.)? vant conflicts of intere | but not limited to grant | | | | |
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| nPhase | | | | √ Con | nmercial product - | Royalties |
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| Section 3. | Dalamant financial | 4:-:4: 4 | hh*44 | | | |
| | Relevant financial | | | | | |
| of compensation) clicking the "Add | ne appropriate boxes i with entities as descri +" box. You should rep | bed in the instruction port relationships that | s. Use one line fo were present d | or each entity; | ; add as many line | es as you need by |
| Are there any rele | vant conflicts of intere | est? Yes ✓ N | lo | | | |
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| Section 4. | Intellectual Proper | ty Patents & Cop | yrights | | | |
| Do you have any p | patents, whether plani | ned, pending or issued | d, broadly releva | int to the wor | k? ☐ Yes 🗸 | No |

Kattan 2



| Section 5. | |
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| Section 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work? |
| Yes, the follow | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships. |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Kattan report | s other from nPhase, during the conduct of the study; . |

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Kattan 3



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Milinovich 1



| Section 1. | Identifying Inforn | nation | | | | | | |
|---|--------------------------|------------------------------------|-----------------------------------|---|------------|---|--------------|--|
| 1. Given Name (Fire | | | ne (Last Name | e) | | 3. Date 23-May-2018 | | |
| 4. Are you the corre | esponding author? | Yes | √ No | Correspond Kurt P. Spi | _ | | | |
| 5. Manuscript Title Implementing a S OME Cohort | | st-effective, | and Scalab | le Data Collectio | on System | n at Point of Care: The Clev | eland Clinic | |
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| Name of Entity | | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | | |
| Amgen | | ✓ | | | | Research support | | |
| Merck | | ✓ | | | | Research support | | |
| Novo Nordisk | | ✓ | | | | Research support | | |
| Celgene | | ✓ | | | | Research support | | |
| Otsuka | | ✓ | | | | Research support | | |
| Novartis | | ✓ | | | | Research support | | |

Milinovich 2



| Section 4. 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? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| No other relationships/conditions/circumstances that present a potential conflict of interest |
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| Dr. Milinovich reports grants from Amgen, grants from Merck, grants from Novo Nordisk, grants from Celgene, grants from Otsuka, grants from Novartis, outside the submitted work; . |

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Molloy 1



| Section 1. Identifying Inform | nation | |
|---|---|--|
| 1. Given Name (First Name) Robert | 2. Surname (Last Name) Molloy | 3. Date 30-May-2018 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Kurt Spindler, MD |
| 5. Manuscript TitleImplementing a Scientifically Valid, CosOME Cohort6. Manuscript Identifying Number (if you known) | | ata Collection System at Point of Care: The Cleveland Clinic |
| Continue | | |
| Section 2. The Work Under Co | onsideration for Public | cation |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financial | activities outside the s | submitted work. |
| of compensation) with entities as descri | ibed in the instructions. Use port relationships that werest? Yes No Primation below. | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. |
| Name of Entity | Grant? Personal Noi | or-Financial other? Comments |
| Stryker | ✓ | Consulting |
| | | |
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| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Molloy 2



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lannotti 1



| Section 1. Identifying Inform | | | |
|---|---|---|-------------------------------------|
| Identifying Inform | nation | | |
| 1. Given Name (First Name) Joseph | 2. Surname (Last Name) lannotti | | 3. Date 22-June-2018 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's N Kurt Spindler | lame |
| 5. Manuscript Title Implementing a Scientifically Valid, Cos OME Cohort | t-effective, and Scalable D | Pata Collection System at I | Point of Care: The Cleveland Clinic |
| 6. Manuscript Identifying Number (if you k | now it) | | |
| Section 2. The Work Under C | 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 inter | g but not limited to grants, do | | |
| Section 3. Relevant financial | activities outside the | submitted work. | |
| Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter- | ibed in the instructions. U port relationships that we | se one line for each entity | ; add as many lines as you need by |
| If yes, please fill out the appropriate inf | ormation below. | | |
| Name of Entity | Grant? Personal No | n-Financial Other? Co | omments |
| DePuy Synthes | | | alties |
| Arthrex | | Roy | alties |
| DJO Surgical | | Roy | alties and Consulting |
| Wright Tornier | | Roy | alties |
| Lippincott WW | | Roy | alties |

lannotti 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 |
| 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 following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/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 above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. lannotti reports personal fees from DePuy Synthes, personal fees from Arthrex, personal fees from DJO Surgical, personal fees from Wright Tornier, personal fees from Lippincott WW, outside the submitted work;. |

Evaluation and Feedback

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

lannotti 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.

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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

Ricchetti 1



| Section 1. Identifying Inform | nation | |
|---|-------------------------------------|---|
| identifying inform | iation | |
| Given Name (First Name) Eric | 2. Surname (Last Name) Ricchetti | 3. Date 23-May-2018 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Kurt M. Spindler, MD |
| 5. Manuscript Title Implementing a Scientifically Valid, Cos OME Cohort | t-effective, and Scalable D | Data Collection System at Point of Care: The Cleveland Clinic |
| 6. Manuscript Identifying Number (if you kr | now it) | |
| | | _ |
| | | |
| Section 2. The Work Under Co | onsideration for Public | cation |
| any aspect of the submitted work (including statistical analysis, etc.)? | g but not limited to grants, da | n a third party (government, commercial, private foundation, etc.) fo ata monitoring board, study design, manuscript preparation, |
| Are there any relevant conflicts of interest | est? Yes ✓ No | |
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| Section 3. Polyant financial | | |
| Relevant financial | activities outside the s | submitted work. |
| of compensation) with entities as descri | ibed in the instructions. Us | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Are there any relevant conflicts of interest | est? ✓ Yes No | |
| If yes, please fill out the appropriate info | ormation below. | |
| Name of Entity | Grant? Personal Nor | n-Financial Other? Comments |
| Depuy Synthes | ✓ | |
| DJO Surgical | | |
| BJS | | |
| | | |
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| Section 4. Intellectual Proper | rty Patents & Copyri <u>c</u> | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes Vo |

Ricchetti 2



| Costion F | |
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| Section 5. | Relationships not covered above |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, 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 |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Ricchetti rep outside the subi | orts grants and personal fees from Depuy Synthes, personal fees from DJO Surgical, personal fees from JBJS, mitted work; . |

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Ricchetti 3



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

Rosneck 1



| Section 1. Identifying Inform | nation | |
|--|-----------------------------------|---|
| Given Name (First Name) James | 2. Surname (Last Name) Rosneck | 3. Date 17-May-2018 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name |
| 5. Manuscript Title Implementing a Scientifically Valid, Co OME Cohort | st-effective, and Scalable Da | ta Collection System at Point of Care: The Cleveland Clinic |
| 6. Manuscript Identifying Number (if you k | now it) | |
| | | |
| Section 2. The Work Under C | Consideration for Publica | ation |
| any aspect of the submitted work (includin statistical analysis, etc.)? | g but not limited to grants, data | third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation, |
| Are there any relevant conflicts of inte | rest? Yes 🗸 No | |
| Sortion 2 | | |
| Section 3. Relevant financia | activities outside the su | ibmitted work. |
| of compensation) with entities as desc | ribed in the instructions. Use | ther you have financial relationships (regardless of amount one line for each entity; add as many lines as you need by present during the 36 months prior to publication. |
| Are there any relevant conflicts of inter | | |
| If yes, please fill out the appropriate in | ormation below. | |
| Name of Entity | Grant? Personal Non- Fees? Su | Financial Other? Comments |
| Smith and Nephew | | |
| | | |
| Section 4. Intellectual Prope | rty Patents & Copyrigh | nts |
| Do you have any patents, whether plan | nned, pending or issued, bro | adly relevant to the work? ☐ Yes ✓ No |

Rosneck 2



| Section 5. Relationships not severed above |
|--|
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| Dr. Rosneck reports personal fees from Smith and Nephew, outside the submitted work; . |

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Schickendantz 1



| Section 1. Identifying Info | ormation | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1. Given Name (First Name) Mark | 2. Surname (Last Name) Schickendantz | 3. Date 21-May-2018 | | | | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Kurt Spindler | | | | | | |
| 5. Manuscript Title Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort | | | | | | | | |
| 6. Manuscript Identifying Number (if yo | u know it) | | | | | | | |
| | | - | | | | | | |
| Section 2. The Work Unde | r Consideration for Public | cation | | | | | | |
| | ding but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | | | | | |
| Section 3. Relevant finance | ial activities outside the s | ubmitted work. | | | | | | |
| of compensation) with entities as de | scribed in the instructions. Us I report relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. | | | | | | |
| Section 4. Intellectual Pro | | | | | | | | |
| Intellectual Pro | perty Patents & Copyrig | hts | | | | | | |
| Do you have any patents, whether p | lanned, pending or issued, br | oadly relevant to the work? Yes V No | | | | | | |

Schickendantz 2



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

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Schickendantz 3



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Strnad 1



| Section 1. Idea | ntifying Informa | ation | | | | | | |
|---|---|-----------------------------------|------------------------------|--|--------------|------------------|------------------------|--|
| Given Name (First Name) Greg | | 2. Surname (L Strnad | ast Name) | 3. Date 17-May-2018 | | | | |
| 4. Are you the correspon | ding author? | Yes ✓ | / No | Corresponding Author's Name Dr. Kurt Spindler | | | | |
| 5. Manuscript Title Implementing a Scient OME Cohort | | | l Scalable Da | ata Collectio | on System at | t Point of Care: | The Cleveland Clinic | |
| 6. Manuscript Identifying | ر Number (if you kno | ow it) | | | | | | |
| | | | | | | | | |
| Section 2. The | Work Under Co | nsideration | for Public | ation | | | | |
| Did you or your institutio any aspect of the submitt statistical analysis, etc.)? Are there any relevant | ted work (including | but not limited | | | | | | |
| If yes, please fill out the | e appropriate info | rmation belov | v. If you hav | e more than | one entity | press the "ADD | " button to add a row. | |
| Name of Institution/C | | Grant? Per | sonal Non | -Financial | Other? | Comments | | |
| nPhase | | F | ees S | upport • | ✓ Co | ommercial produ | ict - Royalties | |
| | | | | _ | | | | |
| Section 2 | | | | | | | | |
| Section 3. Rele | evant financial a | ictivities ou | tside the s | ubmitted v | work. | | | |
| Place a check in the ap of compensation) with clicking the "Add +" bo | entities as descrik ox. You should rep | oed in the inst ort relationsh | ructions. Us ips that wer | e one line fo | r each entit | y; add as many | lines as you need by | |
| Are there any relevant | conflicts of interes | st? Yes | √ No | | | | | |
| | | | | | | | | |
| Section 4. Inte | llectual Propert | ty Patents | & Copyrig | hts | | | | |
| Do you have any pater | nts, whether plann | ed, pending o | or issued, bro | oadly releva | nt to the wo | ork? Yes | √ No | |

Strnad 2



| Section 5. Polationships not severed above | | | | |
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| Mr. Strnad reports other from nPhase, during the conduct of the study; . | | | | |

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Strnad 3