

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Katelin

2. Surname (Last Name)
Nickel

3. Date
10-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christopher J. Dy

5. Manuscript Title
Variation in delivery of inpatient orthopedic care to Medicaid beneficiaries within a single metropolitan region

6. Manuscript Identifying Number (if you know it)

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Katelin Nickel has nothing to disclose.

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)
Andrew

2. Surname (Last Name)
Tipping

3. Date
10-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christopher J. Dy

5. Manuscript Title
Variation in delivery of inpatient orthopedic care to Medicaid beneficiaries within a single metropolitan region

6. Manuscript Identifying Number (if you know it)

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Andrew Tipping has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Dy	3. Date 10-October-2018
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Variation in delivery of inpatient orthopedic care to Medicaid beneficiaries within a single metropolitan region		
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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
NCATS/NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UL1 TR000448, Subaward KL2 TR000450

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Dr. Dy reports grants from NCATS/NIH, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Winston	2. Surname (Last Name) Jiang	3. Date 10-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher J. Dy
5. Manuscript Title Variation in delivery of inpatient orthopedic care to Medicaid beneficiaries within a single metropolitan region		
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Mr. Jiang has nothing to disclose.

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Section 1. Identifying Information

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Regis

2. Surname (Last Name)
O'Keefe

3. Date
10-October-2018

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☐ Yes ☒ No

Corresponding Author's Name
Christopher J. Dy

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Dr. O'Keefe has nothing to disclose.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Margaret	2. Surname (Last Name) Olsen	3. Date 10-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher J. Dy
5. Manuscript Title Variation in delivery of inpatient orthopedic care to Medicaid beneficiaries within a single metropolitan region		
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
NIH/NCATS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi Pasteur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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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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. Olsen reports grants from NIH/NCATS, grants from AHRQ, during the conduct of the study; grants and personal fees from Pfizer, grants from Sanofi Pasteur, grants from Merck, outside the submitted work; .

Evaluation and Feedback

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