

Instructions

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

Mukka 1



Section 1.	Identifying Inform	ation				
Given Name (First Name) Sebastian		2. Surname (Last Name) Mukka	3. Date 23-August-2020			
4. Are you the cor	responding author?	✓ Yes No				
The Effect of Bod Arthroplasty for 6. Manuscript Iden	5. Manuscript Title The Effect of Body Mass Index Class on Patient-reported Health-related Quality of Life Before and After Total Hip Arthroplasty for osteoarthritis 6. Manuscript Identifying Number (if you know it) JBJSOA-D-20-00100R1					
Section 2.						
_		onsideration for Publication	ammercial private foundation etc.) for			
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 rel	Are there any relevant conflicts of interest?					
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Section 3.	Relevant financial	activities outside the submitted work.				
of compensation clicking the "Add) with entities as descri	n the table to indicate whether you have financial rebed in the instructions. Use one line for each entity; a port relationships that were present during the 36 r est?	add as many lines as you need by			
Section 4.	Intellectual Proper	ty Patents & Copyrights				
Do you have any	patents, whether plani	ned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No			

Mukka 2



Section 5.					
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 following relationships/conditions/circumstances are present (explain below):					
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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	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Mukka has n	othing to disclose.				

Evaluation and Feedback

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Rolfson 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Ola	rst Name)	2. Surnar Rolfson	ne (Last Nan	ne)		3. Date 23-August-2020
4. Are you the cor	responding author?	Yes	✓ No	-	Corresponding Author's Name Sebastian Mukka	
5. Manuscript Title The Effect of Boo		Patient-rep	orted Hea	th-related Qualit	y of Life E	Before and After Total Hip Arthroplasty
6. Manuscript Ider JBJSOA-D-20-00	ntifying Number (if you kr 100R1	now it)				
Section 2.	The Work Under Co					
any aspect of the s statistical analysis,	titution at any time rece ubmitted work (including	ive paymen but not lim	t or services lited to gran	from a third party		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3.	Relevant financial	activities	outside 1	the submitted	work.	
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It yes, please fill c	out the appropriate info	ormation b	elow.			
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
INK Sweden			✓			Compensation for educational activities
Pfizer		✓				Scientific advisor
Section 4.	Intellectual Proper	rty Pate	ents & Cor	ovrights		
Do you have any	patents, whether plan				nt to the	work?
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Rolfson 2



Section 5. Relationships not covered above
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Dr. Rolfson reports personal fees from LINK Sweden, grants from Pfizer, outside the submitted work; .

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Sayed-Noor 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Arkan	2. Surname (Last Name) Sayed-Noor	3. Date 23-August-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sebastian Mukka			
5. Manuscript Title The Effect of Body Mass Index Class on Patient-reported Health-related Quality of Life Before and After Total Hip Arthroplasty for osteoarthritis					
6. Manuscript Identifying Number (if you kr JBJSOA-D-20-00100R1	now it)	_			
Section 2. The Work Under Co	onsideration for Public	cation			
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Section 3. Relevant financial	activities outside the s	submitted work.			
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless se one line for each entity; add as many lines as y se present during the 36 months prior to publ i	ou need by		
Section 4. Intellectual Proper	rty Patents & Copyric	yhts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes 🗸 No			

Sayed-Noor 2



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Mohaddes 1



Continue 1				
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	2. Surname (Last Name) Mohaddes		3. Date 23-August-2020	
4. Are you the corresponding author?	Yes Vo	Corresponding Author Sebastian Mukka	r's Name	
5. Manuscript Title The Effect of Body Mass Index Class on Pa Arthroplasty for osteoarthritis	atient-reported Health-re	elated Quality of Life Be	efore and After Total Hip	
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Name of Entity	Grant? Personal Nor	n-Financial other?	Comments	
Zimmer Biomet	✓		nstitutional support	_
Link Sweden	✓		nstitutional support	
Stryker	✓		nstitutional support	
Link Sweden			nstructional course	

Mohaddes 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				
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Dr. Mohaddes reports grants from Zimmer Biomet, grants from Link Sweden, grants from Stryker, personal fees from Link Sweden, outside the submitted work; .				

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