

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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Boyce 1



Section 1.	Identifying Inforn	nation		
	identifying illioni			
1. Given Name (Fi Jonathan	rst Name)	2. Surname (Last Name) Boyce		3. Date 25-April-2021
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title Ortho specialty I				
6. Manuscript Ide	ntifying Number (if you k	now it)		
Section 2.	The Work Under C	onsideration for Publ	lication	
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	evant conflicts of inter	est?		
Section 3.	Polovant financial	activities outside the	cubmitted would	
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of compensation	n) with entities as descr	ibed in the instructions. l	Use one line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Are there any rel	evant conflicts of inter	est? ☐ Yes ✓ No		
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Section 4.	Intellectual Prope	rty Patents & Copyr	ights	
Do you have any	patents, whether plan	ned, pending or issued, k	oroadly relevant to the work	? Yes No

Boyce 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):			
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest		
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Section 6.	Disclosure Statement		
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coyalties: Funds are coming in to you or your institution due to your patent

Campbell 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Richard	2. Surname (Last Name) Campbell	3. Date 26-April-2021	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Fotios Tjoumakaris, MD	
 5. Manuscript Title Orthopaedic Specialty Hospitals Compared with General Hospitals. A Financial Parameters 6. Manuscript Identifying Number (if you know it) 		s. A Systematic Review of Demographic, Clinical, and	
Section 2. The Work Under Consideration for Publication			
	g but not limited to grants, dat	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.	
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Section 4. Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🔲 Yes 🕡 No			

Campbell 2



Section 5.	Deletionships not severed shove	
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Dr. Campbell ha	s nothing to disclose.	

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Leider 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Morgan	2. Surname (Last Name) Leider	3. Date 25-April-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Fotios Tjoumakaris
5. Manuscript Title Orthopaedic Specialty Hospitals Com A Systematic Review of Demographic		
6. Manuscript Identifying Number (if you		
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Section 2. The Work Under	Consideration for Public	ation
Did you or your institution at any time re-	ceive payment or services from ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Prop	erty Patents & Copyrig	yhts
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No

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Section 5. Re	lationships not covered above	
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Dr. Leider has nothin	g to disclose.	

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Tjournakaris 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Fotios	2. Surname (Last Name) Tjoumakaris	3. Date 24-September-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Orthopaedic Specialty Hospitals versus Parameters	General Hospitals: A Systematic Review of Demogra	phic, Clinical and Financial
6. Manuscript Identifying Number (if you know it) REVIEWS-D-20-00093R1		
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