

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mihaela	2. Surname (Last Name) Stefan	3. Date 18-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tetsu Ohnuma
5. Manuscript Title Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-01152		

Section 2. The Work Under Consideration for Publication

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Dr. Stefan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tetsu

2. Surname (Last Name)
Ohnuma

3. Date
08-September-2020

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

5. Manuscript Title
Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties

6. Manuscript Identifying Number (if you know it)
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Dr. Ohnuma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
VIJAY

2. Surname (Last Name)
KRISHNAMOORTHY

3. Date

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tetsu Ohnuma

5. Manuscript Title
Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties

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Dr. KRISHNAMOORTHY has nothing to disclose.

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1. Given Name (First Name) Matthew	2. Surname (Last Name) Fuller	3. Date 18-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tetsu Ohnuma
5. Manuscript Title Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties		
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Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

JohnBull

3. Date

26-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Tetsu Ohnuma

5. Manuscript Title

Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties

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Dr. JohnBull has nothing to disclose.

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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) Karthik	2. Surname (Last Name) Raghunathan	3. Date 18-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tetsu Ohnuma
5. Manuscript Title Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-01152		

Section 2. The Work Under Consideration for Publication

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

Section 3. Relevant financial activities outside the submitted work.

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

Section 4. Intellectual Property -- Patents & Copyrights

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

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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. Raghunathan has nothing to disclose.

Evaluation and Feedback

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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) Alan	2. Surname (Last Name) Ellis	3. Date 18-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tetsu Ohnuma
5. Manuscript Title Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-01152		

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
Institute for Medical Research	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting fees

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

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Ellis reports personal fees from Institute for Medical Research, during the conduct of the study .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maggie

2. Surname (Last Name)
Horn

3. Date
18-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tetsu Ohnuma

5. Manuscript Title
Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties

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

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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Horn has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Lindenauer	3. Date 19-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tetsu Ohnuma
5. Manuscript Title Trends in comorbidities and postoperative medical complications using ICD-9 and ICD-10 in primary total hip and knee arthroplasties		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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
NIH/NHLBI	<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

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Dr. Lindenauer reports grants from NIH/NHLBI, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Raquel

2. Surname (Last Name)
Bartz

3. Date
18-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tetsu Ohnuma

5. Manuscript Title
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Bartz has nothing to disclose.

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