

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

Rothrock 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Nan	2. Surname (Last Name) Rothrock	3. Date 16-February-2021	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Patricia Franklin	
5. Manuscript Title Guidelines for effective implementation	n of patient-reported outc	ome measures in arthroplasty practice	
6. Manuscript Identifying Number (if you kr JBJS-D-20-02072	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> 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			
Section 3. Relevant financial	activities outside the s		
Place a check in the appropriate boxes in of compensation) with entities as descri	in the table to indicate wh ibed in the instructions. Us port relationships that wen	ether 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.	
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Rothrock 2



Section 5. Polationships not sovered above				
Relationships not covered above				
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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				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
Dr. Rothrock has nothing to disclose.				

#### **Evaluation and Feedback**

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Bond 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Christina	rst Name)	2. Surname (Last Nai Bond	me)		3. Date 22-February-2021
4. Are you the cor	responding author?	Yes No			
5. Manuscript Title Guidelines for effective implementation of patient-reported outcome measures in arthroplasty practice					
6. Manuscript Identifying Number (if you know it) JBJS-D-20-02072					
Cartina					
Section 2.	The Work Under Co	onsideration for P	ublication		
Did you or your institution <b>at any time</b> 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  Volume					
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Section 3.	Relevant financial	activities outside	the submitted	work.	
of compensation clicking the "Add	) with entities as descri	bed in the instructio port relationships tha	ns. Use one line fo	or each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.
If yes, please fill o	out the appropriate info	ormation below.			
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments
Smith + Nephew				<b>√</b> Smit	company has a contract with the Hephew to collect patient orted data.
	ı				
Section 4.	Intellectual Proper	ty Patents & Co	pyrights		
Do you have any	patents, whether plani	ned, pending or issue	ed, broadly releva	nt to the work	k? ☐ Yes   ✓ No

Bond 2



Section 5. Polationships not sovered above
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Ms. Bond reports other from Smith + Nephew, outside the submitted work; .

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Cella 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Cella		3. Date 16-February-2021
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding <i>I</i> Patricia Frankli	
5. Manuscript Title Guidelines for ef		n of patient-reported ou	tcome measures in	arthroplasty practice
6. Manuscript Ider JBJS-D-20-02072	ntifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for Pub	lication	
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	est? Yes No prmation below. If you h g the "X" button.	data monitoring boa	ernment, commercial, private foundation, etc.) for rd, study design, manuscript preparation, entity press the "ADD" button to add a row.
		Fees?	Support?	er Comments
National Institutes of	Health	<b>✓</b>		
	l			
Section 3.	Relevant financial	activities outside th	e submitted wor	k.
of compensation clicking the "Add Are there any rel	) with entities as descri   +" box. You should repevant conflicts of intere	ibed in the instructions. port relationships that v est?	Use one line for eac vere <b>present durin</b>	nancial relationships (regardless of amount ch entity; add as many lines as you need by g the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copy	rights	
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant to	the work? Yes No

Cella 2



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Dr. Cella reports grants from National Institutes of Health, during the conduct of the study; .

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Franklin 1



Section 1. Identifying In	formation	
1. Given Name (First Name) Patricia	2. Surname (Last Name) Franklin	3. Date 16-February-2021
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5. Manuscript Title Guidelines for effective implemen	tation of patient-reported outcome measure	es in arthroplasty practice
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of compensation) with entities as	described in the instructions. Use one line for ld report relationships that were <b>present d</b> urinterest? Yes No	ve financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication.
Name of Entity	Grant? Personal Non-Financial Fees? Support?	Other? Comments
DePuy	✓	
NIAMS		
PCORI		
Section 4. Intellectual Pr		
Intellectual Pr	operty Patents & Copyrights	
Do you have any patents, whether	planned, pending or issued, broadly relevan	nt to the work? Yes V No

Franklin 2



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Dr. Franklin reports grants from DePuy, grants from NIAMS, grants from PCORI, outside the submitted work; .

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