

#### **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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Other: Anything not covered under the previous three boxes

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Licensed. The patent has been licensed to an entire

**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



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Wael	2. Surnai Barsoun	me (Last Nar າ	ne)		3. Date 04-October-2020	
4. Are you the corresponding author?	Yes	<b>✓</b> No	Correspond Nicolas Pid	_	or's Name	
5. Manuscript Title Does Implant Selection Affect Patient R	eported O	utcome Me	easures After Prim	nary Tota	l Hip Arthroplasty?	
6. Manuscript Identifying Number (if you k	now it)					
Section 2. The Work Under C	onsidera	tion for P	ublication			
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?						c.) for
Are there any relevant conflicts of interest	est?	Yes 🗸	No			
Continue						
Section 3. Relevant financial	activities	s outside 1	the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the	instruction	ns. Use one line fo	or each e	ntity; add as many lines as you need	
Are there any relevant conflicts of inter-		·	No			
If yes, please fill out the appropriate info	ormation b	elow.				
	. 2	Personal	Non-Financial	7		
Name of Entity	Grant*	Fees?	Support?	Other •	Comments	
DJO		<b>√</b>			Research support	
Stryker		<b>√</b>			Research support, consultant, royalties	
Zimmer		<b>✓</b>			Research support, royalties	
Custom Orthopaedic Solutions				<b>✓</b>	Stock	
PeerWell				<b>✓</b>	Stock	
Capsico Health				<b>✓</b>	Stock	
Arthrex		<b>✓</b>			Royalties	



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Beyond Limits				<b>✓</b>	Stock	
Sight Medical				<b>✓</b>	Stock	
PT Genie				✓	Stock	
Continue A						
Section 4. Intellectual Propert	y Pate	ents & Cop	pyrights			
Do you have any patents, whether plann  Section 5.  Relationships not of	·		ed, broadly releva	nt to the	work? Yes 🗸 No	
Relationships not o	overed	above				
Are there other relationships or activities potentially influencing, what you wrote it				nfluence	d, or that give the appearance of	
Yes, the following relationships/cond	litions/cir	cumstance	es are present (exp	olain belo	ow):	
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict o	finterest	
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Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form below.	n will auto	omatically (	generate a disclos	sure state	ement, which will appear in the box	
Dr. Barsoum reports personal fees from Orthopaedic Solutions , other from Peer Limits, other from Sight Medical, other f	Well , oth	er from Ca	psico Health , per	sonal fee		



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Bloomfield 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Michael	rst Name)	2. Surname (Last Name) Bloomfield	3. Date 04-October-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Nicolas S Piuzzi
5. Manuscript Title Does Implant Se		Reported Outcome Measur	es After Primary Total Hip Arthroplasty?
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g 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 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Bloomfield 2



Section 5. Polationships not sovered above
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Dr. Bloomfield has nothing to disclose.

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Briskin 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Isaac	2. Surname (Last Name) Briskin	3. Date 04-October-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Nicolas S. Piuzzi
5. Manuscript Title Does Implant Selection Affect Patient R	eported Outcome Measur	es After Primary Total Hip Arthroplasty?
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		a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
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Are there any relevant conflicts of interest	est? ✓ Yes No	
If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant? Personal No	n-Financial Other? Comments upport?
CHEST Journal		
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

Briskin 2



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Mr. Briskin reports personal fees from CHEST Journal, outside the submitted work; .

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1

administrative support, etc.



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4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Nicolas S Piuzzi
5. Manuscript Title Does Implant Se		eported Outcome Measur	es After Primary Total Hip Arthroplasty?
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Campbell 2



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Emara 1



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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes 📝 No		

Emara 2



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The Journal of Bone and Joint Surgery, Inc. 20 Pickering St., Needham, MA 02492-3157, USA

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Article Tracking #

Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?

Article Title (the "Work")

Nicolas S Piuzzi

Corresponding Author Name (the "Author")

**JBJS** 

Name of Journal in which Work is to be Published

The Author(s) hereby agree as follows:

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1. Given Name (First Name) 2. Surname (Last Name)	3. Date 04-October-2020
4. Are you the corresponding author? Yes ✓ No	Corresponding Author's Name Nicolas S Piuzzi
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measur	es After Primary Total Hip Arthroplasty?
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4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Nicolas Piuzzi		
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4. Are you the corresponding author?	Yes ✓ No	Correspond Nicolas S F	ding Author's Na Piuzzi	nme	
5. Manuscript Title Does Implant Selection Affect Patient Re	ported Outcome Me	easures After Prim	nary Total Hip <i>F</i>	Arthroplasty?	
6. Manuscript Identifying Number (if you kn	ow it)				
Section 2. The Work Under Co	onsideration for P	ublication			
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Stryker					
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OREF					]
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Section 3.	Relevant financial	activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any			oadly relevant to the work?	Yes ✓ No	

Klika 2



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
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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Klika has nothing to disclose.

### **Evaluation and Feedback**

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Klika 3



#### **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

Krebs 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Viktor	2. Surname (Last Name) Krebs		3. Date 04-October-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Nicolas S Piuzzi	ne	
5. Manuscript Title Does Implant Selection Affect Patient R	eported Outcome Measur	es After Primary Total Hip Ar	throplasty?	
6. Manuscript Identifying Number (if you kr	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	submitted work.		
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Section 4. Intellectual Property		ul es		
Intellectual Proper	rty Patents & Copyri	gnts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No	

Krebs 2



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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### **Evaluation and Feedback**

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Krebs 3



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

Mahmood 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Sania	2. Surname (Last Name) Mahmood	3. Date 04-October-2020		
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Nicolas S Piuzzi		
5. Manuscript Title Does Implant Selection Affect Patient R	Reported Outcome Measur	es After Primary Total Hip Arthroplasty?		
6. Manuscript Identifying Number (if you kr	now it)			
		_		
Section 2. The Work Under C	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. Polyvant financial	netivities autoide the	unbunitée of unoute		
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Section 4. Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes Vo		

Mahmood 2



Section 5. Relationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Mahmood has nothing to disclose.

## **Evaluation and Feedback**

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**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

McLaughlin 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) John	2. Surname (Last Name) McLaughlin	3. Date 04-October-2020		
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Nicolas S Piuzzi		
5. Manuscript Title Does Implant Selection Affect Patient R	Reported Outcome Measur	es After Primary Total Hip Arthroplasty?		
6. Manuscript Identifying Number (if you kr	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,		
Section 3. Polyvant financial		ماريد المعدد ما المعادد		
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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

McLaughlin 2



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):
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Dr. McLaughlin has nothing to disclose.

## **Evaluation and Feedback**

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McLaughlin 3



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

Mesko 1



Section 1. Identifying Infor	mation				
1. Given Name (First Name) Nathan	2. Surname (Last Name) Mesko		Date October-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Nicolas S Piuzzi			
5. Manuscript Title Does Implant Selection Affect Patient	Reported Outcome Measur	es After Primary Total Hip Arthr	oplasty?		
6. Manuscript Identifying Number (if you	know it)	_			
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Section 3. Relevant financia	l activities outside the s	submitted work.			
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Name of Entity	Grant? Personal No	n-Financial Other? Comme	ents		
Stryker Orthopaedics		Consultant	t for Revision and Tumor Custom Prostheses, atform		
KCI Acelity		KCI Acelity	v - Wound VAC Applications		
Rone Support		Cerament	G Advisory Committee		

Mesko 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. Relationships not covered above
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Dr. Mesko reports personal fees from Stryker Orthopaedics, personal fees from KCI Acelity, personal fees from Bone Support, outside the submitted work; .

### **Evaluation and Feedback**

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Mesko 3



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Molloy 1



Section 1. Identi	fying Information			
1. Given Name (First Name) Robert	2. Surname (L Molloy	ast Name)	3. Date 04-Octo	ber-2020
4. Are you the correspondin	g author? Yes	No Correspon	ding Author's Name Piuzzi	
5. Manuscript Title Does Implant Selection A	ffect Patient Reported Outco	me Measures After Prin	nary Total Hip Arthroplas	ity?
6. Manuscript Identifying N	umber (if you know it)			
Section 2. The Wo	ork Under Consideration	for Publication		
any aspect of the submitted statistical analysis, etc.)?	t any time receive payment or swork (including but not limited	to grants, data monitoring		
Are there any relevant co	nflicts of interest? Yes	✓ No		
Section 3. Polovo				
Keleva	nt financial activities out			
of compensation) with en	priate boxes in the table to in tities as described in the instr Ou should report relationshi	ructions. Use one line fo	or each entity; add as ma	iny lines as you need by
Are there any relevant collif yes, please fill out the ap	nflicts of interest?	No		
Name of Entity	Grant? Per	sonal Non-Financial	Other? Comments	
	Fe	es? Support?		
Stryker	✓		Consulting	
Continu A				
Section 4. Intelle	ctual Property Patents	& Copyrights		
Do you have any patents,	whether planned, pending o	r issued, broadly releva	ant to the work? Yes	√ No

Molloy 2



Section 5. Polationships not sovered above
Relationships not covered above
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Dr. Molloy reports grants from Stryker, outside the submitted work; .

## **Evaluation and Feedback**

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Molloy 3



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### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

Use this section to report 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.

#### 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

n-Financial Support: Examples include drugs/equipment

Murray 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Trevor	rst Name)	2. Surname (Last Na Murray	me)	3. Date 04-Oct	ober-2020
4. Are you the cor	responding author?	Yes ✓ No	Correspondir Nicolas S Piu	ng Author's Name uzzi	
5. Manuscript Title Does Implant Se	e lection Affect Patient R	leported Outcome N	easures After Prima	ry Total Hip Arthropla	esty?
6. Manuscript Ider	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for F	Publication		
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to gra			, private foundation, etc.) fo nuscript preparation,
Section 3.	Relevant financial	activities outside	the submitted w	ork.	
of compensation clicking the "Add Are there any rele		ibed in the instruction port relationships the est?  Yes	ons. Use one line for	each entity; add as m	ps (regardless of amount any lines as you need by <b>prior to publication</b> .
Name of Entity		Grant? Persona Fees?	Non-Financial Support?	Other? Comments	
Zimmer Biomet					
Section 4.	Intellectual Proper	rty Patents & Co	pyrights		
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant	t to the work?	s 🗸 No

Murray 2



Section 5. Polationships not severed above
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
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 above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Murray reports personal fees from Zimmer Biomet, outside the submitted work; .

## **Evaluation and Feedback**

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Murray 3



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Muschler 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) George	2. Surname (Last Name) Muschler	3. Date 04-October-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nicolas S Piuzzi
5. Manuscript Title Does Implant Selection Affect Patient I	Reported Outcome Measur	es After Primary Total Hip Arthroplasty?
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as desc	ribed in the instructions. Us port relationships that wer	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 Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Muschler 2



Section 5. Polationships not severed above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have influenced, or that give the appotentially influencing, what you wrote in the submitted work?	pearance of
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 dis On occasion, journals may ask authors to disclose further information about reported relationships.	sclosure statements.
Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appelow.	pear in the box
Dr. Muschler has nothing to disclose.	

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Muschler 3



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**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

Nystrom 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Lukas	rst Name)	2. Surname (Last Name) Nystrom		3. Date 04-October-2020
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's I Nicolas S Piuzzi	Name
5. Manuscript Title Does Implant Se		Reported Outcome Measu	res After Primary Total Hip	o Arthroplasty?
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under C	onsideration for Publ	ication	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants, c	. , .	commercial, private foundation, etc.) for design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rel	) with entities as descr	ibed in the instructions. Uport relationships that we est?  Yes  No	Jse one line for each entity	relationships (regardless of amount y; add as many lines as you need by 6 months prior to publication.
Name of Entity		Grant	on-Financial Other? C	omments
Onkos Surgical, Inc.			Сон	nsulting Fees
Section 4.	Intellectual Propei	rty Patents & Copyri	ights	
Do you have any	patents, whether plan	ned, pending or issued, b	proadly relevant to the wo	rk? Yes 🗸 No

Nystrom 2



Section 5. Relationships not severed above
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):
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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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Nystrom reports personal fees from Onkos Surgical, Inc., personal fees from KCI/Acelity, Inc., outside the submitted work; .

## **Evaluation and Feedback**

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Nystrom 3



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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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

Patel 1



Section 1. Identifying Inf	ormation			
1. Given Name (First Name) Preetesh	2. Surname (Last Name) Patel	3. Date 04-October-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nicolas S. Piuzzi		
5. Manuscript Title Does Implant Selection Affect Patie	ent Reported Outcome Measur	es After Primary Total Hip Arthroplasty?		
6. Manuscript Identifying Number (if y	ou know it)			
		-		
Section 2. The Work Under	er Consideration 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 Vo				
Section 3. Relevant finan	cial activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?				
If yes, please fill out the appropriate				
Name of Entity	Grant? Personal Noi Fees? S	n-Financial other? Comments		
Stryker		Paid consultant		
Zimmer-Biomet		Consultant		
Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Patel 2



Section 5. Relationships not covered above
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):
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Patel reports personal fees from Stryker, personal fees from Zimmer-Biomet, outside the submitted work; .

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Patel 3



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Patterson 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Brendan M.	2. Surname (Last Name) Patterson	3. Date 04-October-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nicolas S Piuzzi	
5. Manuscript Title Does Implant Selection Affect Patient R	eported Outcome Measur	es After Primary Total Hip Arthroplasty?	
6. Manuscript Identifying Number (if you kr	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	submitted work	
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Section 4. Intellectual Proper	rty Patents & Copyrig	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Patterson 2



Section 5.	
Re	lationships not covered above
	onships or activities that readers could perceive to have influenced, or that give the appearance of g, what you wrote in the submitted work?
Yes, the following	relationships/conditions/circumstances are present (explain below):
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Patterson 3



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

Piuzzi 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Nicolas	2. Surname (Last Name) Piuzzi	)	3. Date 04-October-2020	
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Does Implant Selection Affect Patient Re	eported Outcome Meas	sures After Prim	nary Total Hip Arthroplasty?	
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co	onsideration for Pub	olication		
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 th	e 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?  Ves  No  If yes, please fill out the appropriate information below.				
Name of Entity	Grant? Personal N	Ion-Financial	Other? Comments	
Name of Entity	Fees?	Support?	Other Comments	
SCT			Board or committee member	
Orthopaedic Research Society			Board or committee memeber	
Zimmer			Research support	
Section 4. Intellectual Proper	ty Patents & Copy	rights		
Do you have any patents, whether plant			ant to the work?	

Piuzzi 2



Section 5. Polationships not severed above
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):
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Piuzzi reports other from ISCT, other from Orthopaedic Research Society, other from Zimmer, outside the submitted work; .

## **Evaluation and Feedback**

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Piuzzi 3



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Riesgo 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Aldo	rst Name)	2. Surname (Last Name) Riesgo	3. Date 04-October-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Nicolas S Piuzzi	
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?				
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Publ	lication	
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  Vo				
Section 3.	Relevant financial	activities outside the	submitted work.	
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Are there any relevant conflicts of interest?  Yes  No If yes, please fill out the appropriate information below.				
) 05, p. 0400				
Name of Entity		Grant'	on-Financial Other? Comments	
ZimmerBiomet			Consultant	
Stryker			Consultant	
Section 4.	Intolloctual Proper	utu Datante & Comun	ights	
Intellectual Property Patents & Copyrights				
Do you have any	patents, whether plan	ned, pending or issued, b	broadly relevant to the work? Yes V No	

Riesgo 2



Section 5. Polationships not severed above
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):
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Stearns 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Kim	2. Surname (Last Name) Stearns	3. Date 04-October-20	)20
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nicolas S Piuzzi	
5. Manuscript Title Does Implant Selection Affect Patient R	leported Outcome Measur	es After Primary Total Hip Arthroplasty?	
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Public	ation	
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Section 3. Polovant financial	activities outside the	uhmittad work	
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Section 4. Intellectual Proper	rty Patents & Copyri	hts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes	No

Stearns 2



Section 5. Relationships not covered above
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Dr. Stearns has nothing to disclose.

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Strnad 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Greg	2. Surname (Last Name) Strnad	3. Date 04-October-2020	
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Nicolas S Piuzzi	
5. Manuscript Title Does Implant Selection Affect Patient F	Reported Outcome Measur	es After Primary Total Hip Arthroplasty?	
6. Manuscript Identifying Number (if you k	now it)		
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Section 4. Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Strnad 2



Section 5. Polationships not severed above			
Relationships not covered above			
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Mr. Strnad has nothing to disclose.			

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Warren 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jared	2. Surname (Last Name) Warren	3. Date 04-October-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nicolas Piuzzi	
5. Manuscript Title Does Implant Selection Affect Patient Reported Outcome Measures After Primary Total Hip Arthroplasty?			
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Section 3. Polyvent financial			
Relevant financial	activities outside the s	ubmitted work.	
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Section 4. Intellectual Proper	rty Patents & Copyric	phts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Warren 2



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