

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Donald

2. Surname (Last Name)

Fry

3. Date

18-December-2015

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Risk-Adjusted Hospital Outcomes in Medicare Total Joint Replacement Surgical Procedures

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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I have received honoraria for lectures on surgical infection by Merck and by CareFusion. I have been a consultant to Ethicon on a single medicolegal matter involving pelvic infection following the use of prosthetic mesh. I am consultant to Irrimax in the development of topical antiseptics for the prevention and treatment of surgical site infections.

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1. Given Name (First Name) David	2. Surname (Last Name) Locke	3. Date 18-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Donald Fry
5. Manuscript Title Risk-Adjusted Hospital Outcomes in Medicare Total Joint Replacement Surgical Procedures		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Locke has nothing to disclose.

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1. Given Name (First Name) Gregory	2. Surname (Last Name) Pine	3. Date 18-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Donald Fry
5. Manuscript Title Risk-Adjusted Hospital Outcomes in Medicare Total Joint Replacement Surgical Procedures		
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Agnes

2. Surname (Last Name)
Reband

3. Date
18-December-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Donald Fry

5. Manuscript Title
Risk-Adjusted Hospital Outcomes in Medicare Total Joint Replacement Surgical Procedures

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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

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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Pine	3. Date 18-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Donald Fry
5. Manuscript Title Risk-Adjusted Hospital Outcomes in Medicare Total Joint Replacement Surgical Procedures		
6. Manuscript Identifying Number (if you know it) 		

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

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Pine has nothing to disclose.

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