ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.


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

5. 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Kevin

2. Surname (Last Name) 
   Bozic

3. Date 
   17-November-2016

4. Are you the corresponding author? 
   Yes  ✔  No

5. Manuscript Title 
   Determining Health-Related Quality-of-Life Outcomes Using the SF-6D Following Total Hip Arthroplasty

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

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Stryker provided financial support for data analysis and manuscript production and the Accolade TMZF, manufactured by Stryker, was used as the stem design for all primary total hip arthroplasties performed in this study. This is an industry-sponsored study, and the data are stored at Stryker</td>
</tr>
</tbody>
</table>

---

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

If yes, please fill out the appropriate information below.
<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CalPERS</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Support</td>
</tr>
<tr>
<td>UC CHQI</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Support</td>
</tr>
<tr>
<td>CHCF</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Support</td>
</tr>
<tr>
<td>RWJF</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Support</td>
</tr>
<tr>
<td>NIH</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Support</td>
</tr>
<tr>
<td>AHRQ</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research Support</td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Consultant</td>
</tr>
<tr>
<td>Harvard Business School</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Consultant</td>
</tr>
<tr>
<td>Visiting Scholar</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Consultant</td>
</tr>
<tr>
<td>Pacific Business Group on Health</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Consultant</td>
</tr>
<tr>
<td>Institute for Healthcare Improvement</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Consultant</td>
</tr>
<tr>
<td>AAOS (Council on Research and Quality)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Governance/Leadership Roles</td>
</tr>
<tr>
<td>AAHKS (Health Policy, EBPC)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Governance/Leadership Roles</td>
</tr>
<tr>
<td>COA (Past-President)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Governance/Leadership Roles</td>
</tr>
<tr>
<td>OREF (Past Board of Trustees)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Governance/Leadership Roles</td>
</tr>
<tr>
<td>UCSF Medical Center (HTAP)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Governance/Leadership Roles</td>
</tr>
<tr>
<td>CJRR (Past Chair)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Governance/Leadership Roles</td>
</tr>
<tr>
<td>AJRR (Board of Directors)</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Governance/Leadership Roles</td>
</tr>
</tbody>
</table>

**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

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

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

Dr. Bozic reports other from Stryker, during the conduct of the study; other from CalPERS, other from UC CHQI, other from CHCF, other from RWJF, other from NIH, other from AHRQ, other from Centers for Medicare and Medicaid Services, other from Harvard Business School, other from Visiting Scholar, other from Pacific Business Group on Health, other from Institute for Healthcare Improvement, non-financial support from AAOS (Council on Research and Quality), non-financial support from AAHKS (Health Policy, EBPC), non-financial support from COA (Past-President), non-financial support from OREF (Past Board of Trustees), non-financial support from UCSF Medical Center (HTAP), non-financial support from CJRR (Past Chair), non-financial support from AJRR (Board of Directors), outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

2. 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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.


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

5. 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Farshad

2. Surname (Last Name)  
   Adib

3. Date  
   16-November-2016

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Determining Health-Related Quality of Life Outcomes using the SF-6D following Total Hip Arthroplasty

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

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stryker provided financial support for data analysis and manuscript production and the Accolade TMZF, manufactured by Stryker, was used as the stem design for all primary total hip arthroplasties performed in this study. This is an industry-sponsored study, and the data are stored at Stryker.</td>
</tr>
</tbody>
</table>

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?  
   No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

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

Dr. Adib reports other from Stryker, during the conduct of the study.

Evaluation and Feedback
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.
2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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.
   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.
   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.

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

5. 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Mont

3. Date  
   16-November-2016

4. Are you the corresponding author?  
   [✓] Yes  
   [ ] No

5. Manuscript Title  
   Determining Health-Related Quality-of-Life Outcomes Using the SF-6D Following Total Hip Arthroplasty

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

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker</td>
<td></td>
<td></td>
<td></td>
<td>[✓]</td>
<td>Stryker provided financial support for data analysis and manuscript production and the Accolade TMZF, manufactured by Stryker, was used as the stem design for all primary total hip arthroplasties performed in this study. This is an industry-sponsored study, and the data are stored at Stryker</td>
</tr>
</tbody>
</table>

**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

If yes, please fill out the appropriate information below.
<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DJ Orthopaedics</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Paid Consultant, research support</td>
</tr>
<tr>
<td>Johnson&amp;Johnson</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Paid Consultant, research support</td>
</tr>
<tr>
<td>Medical Compression Systems</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Paid Consultant</td>
</tr>
<tr>
<td>Merz</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Paid Consultant</td>
</tr>
<tr>
<td>Microport</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>IP royalties</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>research support</td>
</tr>
<tr>
<td>Ongoing Care Solutions</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>research support</td>
</tr>
<tr>
<td>Orthosensor</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Paid Consultant, research support</td>
</tr>
<tr>
<td>Pacira</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Paid Consultant</td>
</tr>
<tr>
<td>Sage Products, Inc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Paid Consultant</td>
</tr>
<tr>
<td>Stryker</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>Paid Consultant, research support, IP royalties</td>
</tr>
<tr>
<td>TissueGene</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Paid Consultant, research support</td>
</tr>
<tr>
<td>US Medical Innovations</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Paid Consultant</td>
</tr>
<tr>
<td>AAOS</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>board member</td>
</tr>
<tr>
<td>American Journal of Orthopedics</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>editorial or governing board</td>
</tr>
<tr>
<td>Journal of Arthroplasty</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>editorial or governing board</td>
</tr>
<tr>
<td>Journal of Knee Surgery</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>editorial or governing board</td>
</tr>
<tr>
<td>Orthopedics</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>editorial or governing board</td>
</tr>
<tr>
<td>Surgical Techniques International</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>editorial or governing board</td>
</tr>
</tbody>
</table>

**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

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

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

Dr. Mont reports other from Stryker, during the conduct of the study; grants and personal fees from DJ Orthopaedics, grants and personal fees from Johnson&Johnson, personal fees from Medical Compression Systems, personal fees from Merz, other from Microport, grants from National Institutes of Health, grants from Ongoing Care Solutions, grants and personal fees from Orthosensor, personal fees from Pacira, personal fees from Sage Products, Inc, grants, personal fees and other from Stryker, grants and personal fees from TissueGene, personal fees from US Medical Innovations, other from AAOS, other from American Journal of Orthopedics, other from Journal of Arthroplasty, other from Journal of Knee Surgery, other from Orthopedics, other from Surgical Techniques International, outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.


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

5. 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Morad
2. Surname (Last Name) Chughtai
3. Date 16-November-2016
4. Are you the corresponding author? Yes No ✔
   Corresponding Author's Name Michael A. Mont
5. Manuscript Title
   Determining Health-Related Quality-of-Life Outcomes Using the SF-6D Following Total Hip Arthroplasty
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 ✔

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Stryker provided financial support for data analysis and manuscript production and the Accolade TMZF, manufactured by Stryker, was used as the stem design for all primary total hip arthroplasties performed in this study. This is an industry-sponsored study, and the data are stored at Stryker</td>
</tr>
</tbody>
</table>

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 ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

☐ Yes  ✔ No

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

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

Dr. Chughtai reports other from Stryker, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

   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.


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

5. 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Randa

2. Surname (Last Name)  
   Elmallah

3. Date  
   16-November-2016

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name
   Michael A. Mont

5. Manuscript Title
   Determining Health-Related Quality-of-Life Outcomes Using the SF-6D Following Total Hip Arthroplasty

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

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>Stryker provided financial support for data analysis and manuscript production and the Accolade TMZF, manufactured by Stryker, was used as the stem design for all primary total hip arthroplasties performed in this study. This is an industry-sponsored study, and the data are stored at Stryker</td>
</tr>
</tbody>
</table>

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

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

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

Dr. Elmallah reports other from Stryker, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

2. 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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.


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

4. 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
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven</td>
<td>Kurtz</td>
<td>17-November-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

- Corresponding Author’s Name: Michael Mont

5. Manuscript Title

Determining Health-Related Quality-of-Life Outcomes Using the SF-6D Following Total Hip Arthroplasty

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

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stryker provided financial support for data analysis and manuscript production and the Accolade TMZF, manufactured by Stryker, was used as the stem design for all primary total hip arthroplasties performed in this study. This is an industry-sponsored study, and the data are stored at Stryker.</td>
</tr>
</tbody>
</table>

### 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

If yes, please fill out the appropriate information below.
### ICMJE Form for Disclosure of Potential Conflicts of Interest

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exponent, Inc.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>I am an employee and shareholder of Exponent, a scientific and engineering consulting firm. Exponent has been paid fees by companies and suppliers for my consulting services on behalf of such companies and suppliers (see below)</td>
</tr>
<tr>
<td>Smith &amp; Nephew;</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Ferring Pharmaceuticals</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Spinal Motion; Active Implants</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Aesculap</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>DJO</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Celanese</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Ceramtec</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Wright Medical Technology</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Kyocera Medical</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Formae</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Stelkast</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Invibio</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Medtronic</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depuy Synthes</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Zimmer Biomet</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
<tr>
<td>Stryker</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Institutional support has been received as PI from these companies and suppliers.</td>
</tr>
</tbody>
</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

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

**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**

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

Dr. Kurtz reports other from Stryker, during the conduct of the study; other from Exponent, Inc., grants from Smith & Nephew; grants from Ferring Pharmaceuticals, grants from Spinal Motion; Active Implants, grants from Aesculap, grants from DJO, grants from Celanese, grants from Ceramtec, grants from Wright Medical Technology, grants from Kyocera Medical, grants from Formae, grants from Stelkast, grants from Invibio, grants from Medtronic, grants from Depuy Synthes, grants from Zimmer Biomet, grants from Stryker, outside the submitted work.
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.