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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  
   08-April-2016

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Julie Switzer

5. Manuscript Title  
   Controversies in Geriatric Care in Orthopaedics

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

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>
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<tr>
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Section 4. Intellectual Property -- Patents & Copyrights

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

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Governance/Leadership Roles:
- American Academy of Orthopaedic Surgeons (AAOS) (Council on Research and Quality)
- American Association of Hip and Knee Surgeons (AAHKS) (Health Policy, EBPC)
- American Joint Replacement Registry (AJRR) (Board of Directors)

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Dr. Bozic reports personal fees from Institute for Healthcare Improvement, personal fees from Harvard Business School, personal fees from Centers for Medicare and Medicaid Services, grants from Agency for Healthcare Research and Quality, grants from National Institutes for Health, grants from California Public Employees' Retirement System, outside the submitted work; and Governance/Leadership Roles
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Section 1. Identifying Information

1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Kates

3. Date  
   06-August-2016

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Julie Switzer

5. Manuscript Title  
   2015 AOA Symposia: Geriatric Fracture Care: Future Trajectories

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-16-00482R1

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  ☐  No  ✔
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Section 1. Identifying Information

1. Given Name (First Name)  
   Julie

2. Surname (Last Name)  
   Switzer

3. Date  
   12-April-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Controversies in Geriatric Care in Orthopaedics: An AOA Symposium

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