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.

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Other: Anything not covered under the previous three boxes

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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)  Elizabeth
2. Surname (Last Name)  Badley
3. Date  14-June-2016
4. Are you the corresponding author?  Yes ☐  No ☑
5. Manuscript Title  Factors associated with adverse events in major elective spine, knee, and hip orthopaedic surgery
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name  Yoga Raja Rampersaud

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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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 ☑
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Dr. Badley has nothing to disclose.

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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
Section 1. Identifying Information

1. Given Name (First Name)  Yoga Raja
2. Surname (Last Name)  Rampersaud
3. Date  14-June-2016
4. Are you the corresponding author?  ✔ Yes  ☐ No
5. Manuscript Title  Factors associated with adverse events in major elective spine, knee, and hip orthopaedic surgery
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.)?  ✔ 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.

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<td>Principle Investigator, Awarded 2011-2012. The funding sources had no involvement in study design, analysis or interpretation of data, writing of the manuscript, or decision to submit for publication.</td>
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Are there any relevant conflicts of interest?  ✔ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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Dr. Rampersaud reports grants from Academic Health Sciences Centers - Alternate Funding Plans Innovation Fund, during the conduct of the study; personal fees from Medtronic, outside the submitted work; .

Evaluation and Feedback
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Section 1. Identifying Information

1. Given Name (First Name)
   Dov

2. Surname (Last Name)
   Millstone

3. Date
   13-June-2016

4. Are you the corresponding author?
   Yes ☐ No ☑

   Corresponding Author’s Name
   Yoga Raja Rampersaud

5. Manuscript Title
   Factors associated with adverse events in major elective spine, knee, and hip orthopaedic surgery

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Mr. Millstone has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Anthony

2. Surname (Last Name)  
   Perruccio

3. Date  
   14-June-2016

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Yoga Raja Rampersaud

5. Manuscript Title  
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