ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   David  
2. Surname (Last Name)  
   Ayers  
3. Date  
   23-June-2014  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
   Using TJR registry data to improve the accuracy of risk adjustment prediction models for 30-day readmission after THR and TKR  
6. Manuscript Identifying Number (if you know it)  

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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.

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   ✔ No  

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   Corresponding Author’s Name David Ayers
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1. Given Name (First Name)        2. Surname (Last Name)        3. Date
Susan                        Odem                16-October-2014

4. Are you the corresponding author?  √ Yes   ☐ No
Corresponding Author’s Name
David Ayers

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