

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".

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amanda

2. Surname (Last Name)
Goon

3. Date
24-April-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

6. Manuscript Identifying Number (if you know it)

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

Ms. Goon has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amar	2. Surname (Last Name) Ranawat	3. Date 11-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kethy M. Jules-Elysee
5. Manuscript Title Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy; Stryker; Mako; ConforMIS; Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
DePuy; Stryker; Mako; Convatec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau/paid presentations
DePuy; Mako; ConforMIS; Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant
ConforMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock Options
DePuy; Stryker; Ceramtec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
DePuy; Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other financial or material support
Journal of Arthroplasty; CORR; JBJS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Editorial/Governing board

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AAOS; AAHKS; EOA; The Hip Society; The Knee Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board member/committee appointments

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. Ranawat reports personal fees from DePuy; Stryker; Mako; ConforMIS; Pipeline, personal fees from DePuy; Stryker; Mako; Convatec , personal fees from DePuy; Mako; ConforMIS; Medtronic , from ConforMIS, from DePuy; Stryker; Ceramtec, from DePuy; Stryker, from Journal of Arthroplasty; CORR; JBJS, from AAOS; AAHKS; EOA; The Hip Society; The Knee Society , outside the submitted work; .

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1. Given Name (First Name) Chitranjan	2. Surname (Last Name) Ranawat	3. Date 11-June-2014
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DePuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties/Research Support
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

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Section 1. Identifying Information

1. Given Name (First Name)

Devan

2. Surname (Last Name)

Bhagat

3. Date

22-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kethy M. Jules-Elysee

5. Manuscript Title

Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Douglas

2. Surname (Last Name)
Padgett

3. Date
16-April-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker-Mako	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	royalties, consulting

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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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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)
David

2. Surname (Last Name)
Mayman

3. Date
16-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

6. Manuscript Identifying Number (if you know it)

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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

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Section 6. Disclosure Statement

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Dr. Mayman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Enrique

2. Surname (Last Name)
Goytizolo

3. Date
24-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

6. Manuscript Identifying Number (if you know it)

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Dr. Goytizolo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Geoffrey

2. Surname (Last Name)
Westrich

3. Date
18-April-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker Orthopedics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exactech	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DJO Global	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eastern Orthopedic Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Knee Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Westrich reports grants and personal fees from Stryker Orthopedics, grants and personal fees from Exactech, grants and personal fees from DJO Global, other from Eastern Orthopedic Association, other from Knee Society, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jodie	2. Surname (Last Name) Curren	3. Date 27-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kethy M. Jules-Elysee
5. Manuscript Title Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.		
6. Manuscript Identifying Number (if you know it)		

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Ms. Curren has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jacques

2. Surname (Last Name)
Ya Deau

3. Date
22-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

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Are there any relevant conflicts of interest? Yes No

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Dr. Ya Deau has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kethy

2. Surname (Last Name)
Jules-Elysee

3. Date
24-April-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

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

Section 3. Relevant financial activities outside the submitted work.

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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. Jules-Elysee has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Kahn

3. Date
21-April-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

6. Manuscript Identifying Number (if you know it)

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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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Dr. Kahn has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shane

2. Surname (Last Name)
Reid

3. Date
27-May-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.

6. Manuscript Identifying Number (if you know it)

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Mr. Reid has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yi	2. Surname (Last Name) Lin	3. Date 24-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kethy M. Jules-Elysee
5. Manuscript Title Analgesia after Total Hip Arthroplasty: Periarticular Injection versus Epidural PCA. A Randomized, Double-Blind, Placebo-Controlled Study.		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
Yan

2. Surname (Last Name)
Ma

3. Date
22-April-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kethy M. Jules-Elysee

5. Manuscript Title
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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant number: UL1-RR024996
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant number: R01HS021734

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Dr. Ma reports grants from NIH, grants from AHRQ, during the conduct of the study; .

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