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

5. **Relationships not covered above.**
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Browne

3. Date  
03-February-2014

4. Are you the corresponding author?  
✔ Yes  ❏ No

5. Manuscript Title  
Medicaid Payer Status is Associated with Increased In-Hospital Wound Problems and Resource Utilization Following Primary Total Joint 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

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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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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Consulting</td>
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</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
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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. Browne reports personal fees from DJO Surgical, outside the submitted work;

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)  
   Michele  

2. Surname (Last Name)  
   D’Apuzzo  

3. Date  
   29-January-2014  

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

   Corresponding Author’s Name  
   James Browne  

5. Manuscript Title  
   Medicaid Patients Have Inherently Higher In-Hospital Wound Problems and Require More Resources Following Primary Total Joint 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?  
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   ✔ No  

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   [ ] Yes  
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Dr. D’Apuzzo 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) Wendy
2. Surname (Last Name) Novicoff
3. Date 06-June-2014
4. Are you the corresponding author? Yes No ☐

Corresponding Author’s Name
James A. Browne

5. Manuscript Title Medicaid Payer Status is Associated with In-Hospital Morbidity and Resource Utilization Following Primary Total Joint Arthroplasty
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00133R1

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