

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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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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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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) Patricia

2. Surname (Last Name) Franklin

3. Date 04-March-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Implementation of patient-reported outcomes in US total joint replacement registries: rationale, status, and plans

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

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
University of Massachusetts Medical School	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHRQ

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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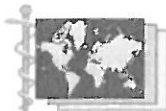
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) William 2. Surname (Last Name) Jiranek 3. Date 05-March-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Patricia Franklin

5. Manuscript Title
Implementation of patient-reported outcomes in US total joint replacement registries: rationale, status, and plans

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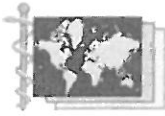
Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties and consulting

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Section 1. Identifying Information

1. Given Name (First Name) Kevin	2. Surname (Last Name) Bozic	3. Date 05-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Patricia Franklin
5. Manuscript Title Implementation of patient-reported outcomes in US total joint replacement registries: rationale, status, and plans		
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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
California Joint Replacement Registry (CJRR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AAOS (Council on Research and Quality)					Board Membership
AAHKS (Health Policy, EBPC)					
American Joint Replacement Registry (Board of Directors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OREF (Board of Trustees)					
UCSF Medical Center (HTAP)					

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AHRQ, RWJF, CHCF, UC CHQI, CalPERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants
Institute for Healthcare Improvement, Pacific Business Group on Health, Harvard Business School (Visiting Scholar)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy

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. Bozic reports personal fees from California Joint Replacement Registry (CJRR), during the conduct of the study; other from AAOS (Council on Research and Quality) AAHKS (Health Policy, EBPC) American Joint Replacement Registry (Board of Directors) OREF (Board of Trustees) UCSF Medical Center (HTAP), grants from AHRQ, RWJF, CHCF, UC CHQI, CalPERS, personal fees from Institute for Healthcare Improvement, Pacific Business Group on Health, Harvard Business School (Visiting Scholar), outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Ayers

3. Date
04-March-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Patricia Franklin

5. Manuscript Title
Implementation of patient-reported outcomes in US total joint replacement registries: rationale, status, and plans

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Brian 2. Surname (Last Name) Hallstrom 3. Date 12-March-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Patricia Franklin, MD, PhD

5. Manuscript Title
Implementation of patient-reported outcomes in the US total joint replacement registries

6. Manuscript Identifying Number (if you know it)

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Blue Cross Blue Shield of Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BCBSM funds MARCQI including salary support of 20% for my role as Co-Director.

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Dr. Hallstrom reports other from Blue Cross Blue Shield of Michigan, during the conduct of the study; .

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Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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) David 2. Surname (Last Name) Lewallen 3. Date 13-May-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Patricia Franklin

5. Manuscript Title
Implementation of patient-reported outcomes in US total joint replacement registries: rationale, status, and plans

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mako/Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Pipeline Biomedical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties, paid consultant
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties, speakers bureau, Paid Consultant
Ketai Medical Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock

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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

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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
on selected Hip implants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Zimmer	
on selected Knee Implants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Zimmer	

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

employed part time as the Medical Director for The American Joint Replacement registry

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Lewallen reports personal fees and other from Mako/Stryker, personal fees and other from Pipeline Biomedical , personal fees and other from Zimmer, personal fees and other from Ketai Medical Devices, outside the submitted work; In addition, Dr. Lewallen has a patent on selected Hip implants with royalties paid by Zimmer, and a patent on selected Knee Implants with royalties paid by Zimmer and employed part time as the Medical Director for The American Joint Replacement registry.

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Evaluation and Feedback

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