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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Gibson

3. Date  
11-August-2016

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

Corresponding Author’s Name  
Kathleen Beebe

5. Manuscript Title  
A Preoperative Scale for Determining Surgical Readmission Risk After Total Knee Arthroplasty

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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Dr. Gibson 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)  
   Kathleen  
2. Surname (Last Name)  
   Beebe  
3. Date  
   11-August-2016  
4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No  
5. Manuscript Title  
   A Preoperative Scale for Determining Surgical Readmission Risk After Total Knee Arthroplasty  
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Dr. Beebe has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Joseph</td>
<td>Ippolito</td>
<td>11-August-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Kathleen S. Beebe

5. Manuscript Title
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Mr. Ippolito 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) Brianna
2. Surname (Last Name) Siracuse
3. Date 03-August-2016
4. Are you the corresponding author? Yes No
   Corresponding Author's Name Kathleen Beebe
5. Manuscript Title A Preoperative Scale for Determining Surgical Readmission Risk After Total Knee Arthroplasty
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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Ms. Siracuse 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)**
   Pamela  

2. **Surname (Last Name)**
   Ohman Strickland

3. **Date**
   12-December-2016

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

   **Corresponding Author’s Name**
   Dr. Kathleen S. Beebe

5. **Manuscript Title**
   A Preoperative Scale for Determining Surgical Readmission Risk After Total Knee Arthroplasty

6. **Manuscript Identifying Number (if you know it)**
   JBJS-D-16-01043

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