ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Samuel

2. Surname (Last Name)  
   Adams

3. Date  
   22-February-2017

4. Are you the corresponding author?  
   Yes ☐  No ✓

Corresponding Author’s Name  
Sudha R. Raman

5. Manuscript Title  
   Maximizing the value of health system-based registries: Linking an orthopaedic surgery registry to Medicare claims data

6. Manuscript Identifying Number (if you know it)  
   Sudha Raman

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.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Adams reports personal fees from Stryker, personal fees from 4web, personal fees from rti, personal fees from sonoma, outside the submitted work;

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Curtis 1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Lesley

2. Surname (Last Name)  
Curtis

3. Date  
03-April-2017

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

Corresponding Author’s Name  
Sudha R Raman

5. Manuscript Title  
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Dr. Curtis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Bradley

2. Surname (Last Name) 
   Hammill

3. Date 
   03-April-2017

4. Are you the corresponding author? 
   Yes ☐ 
   No ☑

   Corresponding Author’s Name 
   Sudha Raman

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Dr. Hammill has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robin

2. Surname (Last Name)  
   Queen

3. Date  
   28-March-2017

4. Are you the corresponding author?  
   ☑ Yes   ☐ No

   Corresponding Author’s Name  
   Sudha Raman

5. Manuscript Title  
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Dr. Queen reports grants from Orthopaedic Research and Education Foundation, during the conduct of the study.

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<td>Sudha</td>
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<td>3. Date</td>
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<tr>
<td>✔ Yes</td>
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</tbody>
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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

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. Raman has nothing to disclose.

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