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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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)  Hue
2. Surname (Last Name)  Luu
3. Date  11-November-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Pre-operative opioid use correlates with higher readmission and revision rates in TKA and THA patients
6. Manuscript Identifying Number (if you know it)
JBJS-S-17-01910

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

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.

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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  No  Yes

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. Luu reports other from Kovler Family Foundation and Barnett Family Trust, during the conduct of the study.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Douglas

2. Surname (Last Name)  
Dirschl

3. Date  
08-January-2018

4. Are you the corresponding author?  
[ ] Yes  [✓] No  
Corresponding Author’s Name  
Hue Luu, MD

5. Manuscript Title  
Pre-operative opioid use correlates with higher readmission and revision rates in TKA and THA patients

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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Dirschl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Harpreet
2. Surname (Last Name)  Bawa
3. Date  28-November-2014
4. Are you the corresponding author?  
   Yes  No  ✔
   Corresponding Author’s Name  Hue H Luu

5. Manuscript Title
   Anti-Osteoporosis Therapy After Fragility Fracture Lowers Rate of Subsequent Fracture: Analysis of a Large Population Sample

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Bawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jack

2. Surname (Last Name)  
   Weick

3. Date  
   12-November-2017

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Pre-operative opioid use correlates with higher readmission and revision rates in TKA and THA patients

6. Manuscript Identifying Number (if you know it)  
   JBJS-S-17-01910

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Dr. Weick has nothing to disclose.

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