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)  Sean
2. Surname (Last Name)  Banks
3. Date  24-October-2017
4. Are you the corresponding author?  Yes ☑ No

5. Manuscript Title
A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee 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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Banks 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) Kevin
2. Surname (Last Name) Bozic
3. Date 04-October-2017
4. Are you the corresponding author? ✔ Yes  ❌ No

5. Manuscript Title
A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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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

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Section 6. Disclosure Statement

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Dr. Bozic reports grants from Agency for Healthcare Research and Quality (AHRQ), grants from California Public Employees' Retirement System (CalPERS), personal fees from Harvard Business School, personal fees from Centers for Medicare and Medicaid Services, other from American Joint Replacement Registry (AJRR), grants from National Institutes for Health (NIH), personal fees from Institute for Healthcare Improvement, other from American Academy of Orthopaedic Surgeons (AAOS), other from American Association of Hip and Knee Surgeons (AAHKS), other from Orthopaedic Research and Education Foundation (OREF), other from Hip Society, other from Knee Society, outside the submitted work.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Erlinger

3. Date  
   31-October-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Kevin J. Bozic

5. Manuscript Title  
   A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

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Section 1. Identifying Information

1. Given Name (First Name)
   Angela

2. Surname (Last Name)
   Winegar

3. Date
   09-October-2017

4. Are you the corresponding author?  [ ] Yes  ✔  No
   Corresponding Author’s Name
   Kevin J. Bozic, MD, MBA

5. Manuscript Title
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Winegar
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Kevin Bozic

5. Manuscript Title
A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Tanmaya Sambare has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tiffany
2. Surname (Last Name) Liu
3. Date

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

Corresponding Author’s Name Kevin Bozic

5. Manuscript Title
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2. Surname (Last Name)      Jackson
3. Date                     09-October-2017
4. Are you the corresponding author?  □ Yes  ✔ No
5. Manuscript Title
   A Surgeon Scorecard is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty
6. Manuscript Identifying Number (if you know it)

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Lauren W. Jackson has nothing to disclose.

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1. **Given Name (First Name)**  
   William

2. **Surname (Last Name)**  
   Schultz

3. **Date**  
   25-October-2017

4. **Are you the corresponding author?**  
   No

   **Corresponding Author’s Name**  
   Kevin Bozic

5. **Manuscript Title**  
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