ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Attarian

3. Date  
   10-September-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Daniel Goltz

5. Manuscript Title  
   A Novel Risk Calculator Predicts 90-day Readmission Following Total Joint Arthroplasty

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?  
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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

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. Attarian 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) Michael
2. Surname (Last Name) Bolognesi
3. Date 10-September-2018
4. Are you the corresponding author? Yes  No
   Corresponding Author’s Name Daniel Goltz
5. Manuscript Title
   A Novel Risk Calculator Predicts 90-day Readmission Following Total Joint Arthroplasty
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.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Dr. Bolognesi reports personal fees from Amedica, personal fees from Zimmer Biomet, personal fees from Total Joint Orthopaedics, other from Exactech, outside the submitted work.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Daniel</td>
<td>Goltz</td>
<td>10-September-2018</td>
</tr>
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<thead>
<tr>
<th>4. Are you the corresponding author?</th>
<th>5. Manuscript Title</th>
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<tbody>
<tr>
<td>✓ Yes</td>
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Dr. Goltz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas
2. Surname (Last Name) Hopkins
3. Date 10-September-2018
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Daniel Goltz
5. Manuscript Title
   A Novel Risk Calculator Predicts 90-day Readmission Following Total Joint Arthroplasty

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<th>1. Given Name (First Name)</th>
<th>Claire</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Howell</td>
</tr>
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<td>3. Date</td>
<td>10-September-2018</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
<td>Daniel Goltz</td>
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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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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.
Grant: A grant from an entity, generally [but not always] paid to your organization
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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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**Section 1. Identifying Information**

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<td>1. Given Name (First Name)</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Daniel Goltz</td>
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<td>5. Manuscript Title</td>
<td>A Novel Risk Calculator Predicts 90-day Readmission Following Total Joint Arthroplasty</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
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**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.

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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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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?

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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. Ryan has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Thorsten

2. Surname (Last Name)  
   Seyler

3. Date  
   10-September-2018

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

   Corresponding Author's Name  
   Daniel Goltz

5. Manuscript Title  
   A Novel Risk Calculator Predicts 90-day Readmission Following Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [X] No

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   [X] Yes  
   [ ] No

If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Seyler reports other from Osteoremedies, other from Zimmer Biomet, personal fees from Total Joint Orthopaedics, other from Exactech, other from Depuy, other from Stryker, other from Smith and Nephew, other from Pfizer, other from AAHKS, other from Reflexion Health, other from KCI/Acelity, outside the submitted work; .
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