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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Brooks has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Nicolas
2. Surname (Last Name)  Piuzzi
3. Date  17-May-2018
4. Are you the corresponding author?  Yes [✓] No
   Corresponding Author’s Name  Kurt P. Spindler, MD
5. Manuscript Title  Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort
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Dr. Piuzzi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Carolyn
2. Surname (Last Name)  Hettrich
3. Date  29-May-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Kurt Spindler
5. Manuscript Title
   Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort
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Dr. Hettrich has nothing to disclose.

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1. Given Name (First Name)  Carlos
2. Surname (Last Name)  Higuera
3. Date  18-May-2018
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Kurt P. Spindler
5. Manuscript Title  Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort
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If yes, please fill out the appropriate information below.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   T. Sean

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

3. **Date**  
   17-May-2018

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

5. **Manuscript Title**  
   Implementing a Scientifically, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort

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  
   ✔ 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  
   ✔ Yes

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>![ ]</td>
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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  
   ✔ No
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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Dr. Lynch reports other from Smith and Nephew, 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)  
Kurt

2. Surname (Last Name)  
Spindler

3. Date  
21-September-2018

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

5. Manuscript Title  
Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort

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<td>Commercial product - Royalties</td>
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NFL |  |  |  | ✔ | Royalty or consulting fee
Cytori |  |  |  | ✔ | Royalty or consulting fee
Mitek |  |  |  | ✔ | Royalty or consulting fee

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [✓] No

Section 5. **Relationships not covered above**

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Dr. Spindler reports other from nPhase, during the conduct of the study; grants from NIH/NIAMS R01 AR053684, other from Smith & Nephew Endoscopy, other from DonJoy Orthopaedics, other from NFL, other from Cytori, other from Mitek, 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)  Michael
2. Surname (Last Name)  Kattan
3. Date  21-May-2018
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort
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Section 1. Identifying Information

1. Given Name (First Name)  
   Alex

2. Surname (Last Name)  
   Milinovich

3. Date  
   23-May-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Kurt P. Spindler, MD

5. Manuscript Title  
   Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort

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1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Molloy

3. Date  
   30-May-2018

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Kurt Spindler, MD

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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?  
   ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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):

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Section 6. Disclosure Statement

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Dr. Molloy reports grants from Stryker, 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)  
   Joseph

2. Surname (Last Name)  
   Iannotti

3. Date  
   22-June-2018

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

Corresponding Author’s Name  
Kurt Spindler

5. Manuscript Title  
Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort

6. Manuscript Identifying Number (if you know it)  

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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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   Yes ☑  No ☐

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Dr. Iannotti reports personal fees from DePuy Synthes, personal fees from Arthrex, personal fees from DJO Surgical, personal fees from Wright Tornier, personal fees from Lippincott WW, 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) 
   Eric

2. Surname (Last Name) 
   Ricchetti

3. Date 
   23-May-2018

4. Are you the corresponding author? 
   Yes ✔ No

Corresponding Author's Name 
Kurt M. Spindler, MD

5. Manuscript Title
Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
Yes ✔ No
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Dr. Ricchetti reports grants and personal fees from Depuy Synthes, personal fees from DJO Surgical, personal fees from JBJS, 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)  
   James

2. Surname (Last Name)  
   Rosneck

3. Date  
   17-May-2018

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

5. Manuscript Title  
   Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort

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Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Schickendantz

3. Date  
21-May-2018

4. Are you the corresponding author?  
Yes ✔ No

Corresponding Author's Name  
Kurt Spindler

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

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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
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1. Given Name (First Name)  
   Greg  

2. Surname (Last Name)  
   Strnad

3. Date  
   17-May-2018

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

Corresponding Author's Name  
Dr. Kurt Spindler

5. Manuscript Title  
Implementing a Scientifically Valid, Cost-effective, and Scalable Data Collection System at Point of Care: The Cleveland Clinic OME Cohort

6. Manuscript Identifying Number (if you know it)

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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.)?

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Mr. Strnad reports other from nPhase, during the conduct of the study.

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