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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2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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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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)  Andrew
2. Surname (Last Name)  Jawa
3. Date  04-February-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Variation in the Cost of Care for Different Types of Total Joint 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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</tr>
</thead>
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<td>DJO Global</td>
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<td>Paid Speaker and Consultant</td>
</tr>
<tr>
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<td>Yes</td>
<td>Designer</td>
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<tr>
<td>Boston Outpatient Surgical Suites</td>
<td></td>
<td></td>
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<td>Yes</td>
<td>Partner</td>
</tr>
</tbody>
</table>

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. Jawa reports personal fees from DJO Global, other from Ignite Orthopaedics, other from Boston Outpatient Surgical Suites, 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)  
Carl  

2. Surname (Last Name)  
Talmo  

3. Date  
28-January-2019  

4. Are you the corresponding author?  
Yes ☑️ No  

Corresponding Author’s Name  
Andrew Jawa, MD  

5. Manuscript Title  
Variation in the Cost of Care for Different Types of 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?  
Yes ☑️ No  

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Dr. Talmo 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) David
2. Surname (Last Name) Mattingly
3. Date 24-May-2019
4. Are you the corresponding author? Yes
5. Manuscript Title Variation in the Cost of Care for Different Types of Joint Arthroplasty
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00164R1

Section 2. The Work Under Consideration for Publication
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<th>Other?</th>
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<td>Consultant, Receives Royalties</td>
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</table>

Section 4. Intellectual Property -- Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

Mattingly
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mattingly reports other from Depuy Synthes, 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)  
   Gregory

2. Surname (Last Name)  
   Gasbarro

3. Date  
   14-January-2019

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Variation in the Cost of Care for Different Types of Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)

---

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Dr. Gasbarro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Kuhan

2. Surname (Last Name)
   Mahendraraj

3. Date
   07-August-2019

4. Are you the corresponding author?
   ☐ Yes   ✔ No
   Corresponding Author’s Name
   Andrew Jawa, MD

5. Manuscript Title
   Variation in the Cost of Care for Different Types of Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Mr. Mahendraraj has nothing to disclose.

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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
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)
   - Michael

2. Surname (Last Name)
   - Carducci

3. Date
   - 14-January-2019

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

   Corresponding Author's Name
   - Andrew Jawa, MD

5. Manuscript Title
   - Variation in the Cost of Care for Different Types of Total Joint 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 ☑

### Section 3. Relevant financial activities outside the submitted work.

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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 ☑
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.

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Carducci has nothing to disclose.

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.

1. Identifying information.

2. The work under consideration for publication.

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”.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Mariano

2. Surname (Last Name)  
   Menendez

3. Date  
   14-January-2019

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

   Corresponding Author’s Name  
   Andrew Jawa, MD

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Dr. Menendez 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.