ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Carlos

2. Surname (Last Name)  
   Higuera

3. Date  
   08-November-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
Kurt Spindler

5. Manuscript Title  
Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

6. Manuscript Identifying Number (if you know it)  

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✔ Yes  
No

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Dr. Higuera reports grants from Stryker, grants and personal fees from KCI, grants from Ferring Pharmaceuticals, grants from CD Diagnostics, grants and personal fees from Zimmer Biomet, grants from 3M, grants from OREF, grants from Cempra, grants from Orthofix, grants from Cymedica, grants from Pacira, grants from Myoscience, personal fees from Pfizer, grants from Orthogenics, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Leo

3. Date  
03-April-2019

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Kurt P. Spindler

5. Manuscript Title  
Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

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Section 1. Identifying Information

1. Given Name (First Name)  Trevor
2. Surname (Last Name)  Murray
3. Date  03-April-2019
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name)  Seitz
3. Date  03-April-2019
4. Are you the corresponding author?  Yes ✔ No
5. Manuscript Title
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost
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Dr. Seitz has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Barsoum
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Wael

2. Surname (Last Name)  
   Barsoum

3. Date  
   03-April-2019

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

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

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Are there any relevant conflicts of interest?  
   Yes

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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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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Dr. Barsoum reports personal fees from DJO, personal fees from Stryker, personal fees from Zimmer, personal fees from Orthosensor, personal fees from Third Frontier, personal fees from NIH, other from Custom Orthopaedic Solutions, other from PeerWell, other from Capsico Health, 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) Bloomfield
3. Date 03-April-2019
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Kurt P. Spindler

5. Manuscript Title Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No

Bloomfield
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Dr. Bloomfield has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   Rick
2. **Surname (Last Name)**
   Bowles
3. **Date**
   03-April-2019
4. **Are you the corresponding author?**
   - Yes
   - No
   ✔
   
   **Corresponding Author’s Name**
   Kurt P. Spindler
5. **Manuscript Title**
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost
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**Are there any relevant conflicts of interest?**
- Yes
- No
  ✔

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- Yes
- No
  ✔

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- Yes
- No
  ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Bowles 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)  
   Peter

2. Surname (Last Name)  
   Brooks

3. Date  
   03-April-2019

4. Are you the corresponding author?  
   Yes  No  
   ✔

   Corresponding Author’s Name  
   Kurt Spindler MD

5. Manuscript Title  
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   ✔

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   ✔

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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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1. **Given Name (First Name)**  
   Hiba  
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   Anis  
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   - [ ] Yes  
   - [x] No  
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   Kurt P. Spindler  
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Dr. Anis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Evans

3. Date  
   03-April-2019

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   ✔ Yes  
   □ No

   Corresponding Author’s Name
   Kurt P. Spindler, MD

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   □ 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
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?

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Dr. Evans has nothing to disclose.

Evaluation and Feedback

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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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**Royalties:** Funds are coming in to you or your institution due to your patent

Farrow
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Lutul

2. Surname (Last Name)  
   Farrow

3. Date  
   03-April-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Kurt P. Spindler, MD

5. Manuscript Title  
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

6. Manuscript Identifying Number (if you know it)  
   Unknown

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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?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Farrow 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)
   Gregory

2. Surname (Last Name)
   Gilot

3. Date
   03-April-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name
   Kurt P. Spindler

5. Manuscript Title
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

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?  
   ✔ No

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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

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Dr. Gilot 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)  Ryan
2. Surname (Last Name)  Goodwin
3. Date 03-April-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Kurt P. Spindler, MD
5. Manuscript Title
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost
6. Manuscript Identifying Number (if you know it)

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<thead>
<tr>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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<td>Educational consult</td>
</tr>
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If yes, please fill out the appropriate information below.

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Goodwin reports other from Styker Spine, other from K2M, other from Orthopediatrics, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Iannotti

3. Date  
   03-April-2019

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

6. Manuscript Identifying Number (if you know it)

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☐ No

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</tr>
</thead>
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<td>Royalties</td>
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<td>Royalties and Consulting</td>
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<td>Royalties</td>
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Dr. Iannotti reports personal fees from DePuy Synthes, personal fees from DJO, personal fees from Lippincott Williams Wilkens, personal fees from Wright Tornier, personal fees from Arthrex, 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)  
   Morgan

2. Surname (Last Name)  
   Jones

3. Date  
   03-April-2019

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

   Corresponding Author's Name  
   Kurt P. Spindler, MD

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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.

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 ☐

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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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 ☑
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):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Jones reports grants from NIH, personal fees from Samumed, personal fees from Journal of Bone and Joint Surgery, outside the submitted work;

Evaluation and Feedback

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4. **Intellectual Property.**

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

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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)
   Michael

2. Surname (Last Name)
   Joyce

3. Date
   03-April-2019

4. Are you the corresponding author?
   ☑ No

   Corresponding Author's Name
   Kurt P. Spindler

5. Manuscript Title
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

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Section 6. Disclosure Statement

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Dr. Joyce 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)  Viktor
2. Surname (Last Name)  Krebs
3. Date  03-April-2019
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Kurt P. Spindler
5. Manuscript Title  Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No  ✔

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Krebs 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)  Nathan
2. Surname (Last Name)  Mesko
3. Date  03-April-2019
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Kurt P. Spindler

5. Manuscript Title  Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

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<td>✔</td>
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<td></td>
<td>Consultant for Revision and Tumor Hip/Knee, Custom Prosthesese, Robotic Platform</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
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Dr. Mesko reports personal fees from Stryker Orthopaedics, 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)  Anthony
2. Surname (Last Name)  Miniaci
3. Date  03-April-2019
4. Are you the corresponding author?  
   Yes  ✔  No
5. Manuscript Title
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost
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Board of ASES Foundation, Arthrosurface, Trice

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Dr. Miniaci reports personal fees from Arthrosurface, other from Zimmer Biomet, Wolters Kluwer, other from Amniox Medical, other from Rock Medical, other from Linvatec Corporation, other from Stryker, other from Trice, outside the submitted work; and Board of ASES Foundation, Arthrosurface, Trice.
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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)  
   Robert

2. Surname (Last Name)  
   Molloy

3. Date  
   03-April-2019

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Kurt P. Spindler

5. Manuscript Title  
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   □ Yes  ✔ No

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<th>Name of Entity</th>
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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?  
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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

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<td>Muschler</td>
</tr>
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</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Kurt P. Spindler</td>
</tr>
</tbody>
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Dr. Muschler has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  Robert  
2. **Surname (Last Name)**  Nickodem  
3. **Date**  03-April-2019  
4. **Are you the corresponding author?**  ❑ Yes  ❑ No  
   **Corresponding Author’s Name**  Kurt P. Spindler  
5. **Manuscript Title**  
   **Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost**  
6. **Manuscript Identifying Number (if you know it)**  

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1. Given Name (First Name)  
   Richard D  
2. Surname (Last Name)  
   Parker  
3. Date  
   03-April-2019  
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Kurt Spindler, MD  
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Dr. Parker has nothing to disclose.

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1. Given Name (First Name)  
   Preetesh

2. Surname (Last Name)  
   Patel

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   03-April-2019

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   Kurt P. Spindler

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Dr. Patel reports personal fees from Stryker, outside the submitted work.

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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) | Nicolas |
| 2. Surname (Last Name)    | Piuzzi  |
| 3. Date                   | 03-April-2019 |
| 4. Are you the corresponding author? | Yes ☐ No ☑ |

**Corresponding Author’s Name**

Kurt P. Spindler, MD

**Manuscript Title**

Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

**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.

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
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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Dr. Piuzzi has nothing to disclose.

Evaluation and Feedback

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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) Eric T.
2. Surname (Last Name) Ricchetti
3. Date 03-April-2019
4. Are you the corresponding author? ☑ Yes  No
5. Manuscript Title Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost
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.**

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

If yes, please fill out the appropriate information below.

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<thead>
<tr>
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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

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

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  
   03-April-2019

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

   Corresponding Author’s Name  
   Kurt P. Spindler

5. Manuscript Title  
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

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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   ☑ Yes  
   ☐ No

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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
Section 5. Relationships not covered above

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Dr. Rosneck reports personal fees 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)  
Paul

2. Surname (Last Name)  
Saluan

3. Date  
03-April-2019

4. Are you the corresponding author?  
No

Corresponding Author's Name  
Kurt P. Spindler, MD

5. Manuscript Title  
Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Saluan has nothing to disclose.

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Schaffer
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jonathan

2. Surname (Last Name)  
   Schaffer

3. Date  
   03-April-2019

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

   Corresponding Author’s Name  
   Kurt P. Spindler

5. Manuscript Title  
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

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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.**

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Schaffer 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)  
   Mark

2. Surname (Last Name)  
   Schickendantz

3. Date  
   03-April-2019

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

   Corresponding Author’s Name  
   Kurt P. Spindler

5. Manuscript Title  
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

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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[ ] Yes  
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Dr. Schickendantz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kurt
2. Surname (Last Name) Spindler
3. Date 01-August-2019
4. Are you the corresponding author? ☑ Yes □ No

5. Manuscript Title
Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00531R1

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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

**Section 5. Relationships not covered above**

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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. Spindler reports grants and other from nPhase, during the conduct of the study; other from Smith & Nephew Endoscopy, other from DonJoy Orthopaedics, other from NFL, other from Cytori, other from Mitek, grants from NIH/NIAMS R01 AR053684, other from Samumed, other from Flexion Therapeutics, grants from NIH/NIAMS R01 AR074131, outside the submitted work.
Evaluation and Feedback

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<tr>
<td>1.</td>
<td>Kim</td>
<td>Stearns</td>
<td>03-April-2019</td>
</tr>
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4. Are you the corresponding author?  

- [ ] Yes  
  - [x] No

5. Manuscript Title

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1. Given Name (First Name)  
   Juan

2. Surname (Last Name)  
   Suarez

3. Date  
   03-April-2019

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
   Kurt P. Spindler

5. Manuscript Title  
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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) Williams
3. Date 03-April-2019
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Kurt P. Spindler
5. Manuscript Title
   Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost
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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 ☑

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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. Williams has nothing to disclose.

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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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.


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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
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1. Given Name (First Name) Alexander
2. Surname (Last Name) Zajichek
3. Date 03-April-2019
4. Are you the corresponding author? Yes ❑ No ❒
   Corresponding Author's Name Kurt P. Spindler
5. Manuscript Title Value in Research: Achieving Validated Outcomes Measurement While Mitigating Follow-Up Cost
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Are there any relevant conflicts of interest? Yes ❑ No ❒

Section 4. Intellectual Property -- Patents & Copyrights

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