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
### Section 1. Identifying Information

1. Given Name (First Name)  
   Jianing

2. Surname (Last Name)  
   Di

3. Date  
   13-September-2016

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Prakash Jayakumar

5. Manuscript Title  
   Patient-focused Technology-Enabled Programs Improve Outcomes in Primary Total Hip (THR) and Knee Replacement (TKR) Surgery

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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✔ No

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

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Dr. Di has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Victoria
2. Surname (Last Name) Nadarajah
3. Date 09-September-2016
4. Are you the corresponding author? ✔ No
   Corresponding Author’s Name Prakash Jayakumar
5. Manuscript Title
   Patient-focused Technology-Enabled Programs Improve Outcomes in Primary Total Hip (THR) and Knee Replacement (TKR) Surgery
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ✔ No

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Are there any relevant conflicts of interest? ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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Victoria Nadarajah 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) Marcus
2. Surname (Last Name) Bankes
3. Date 05-September-2016
4. Are you the corresponding author? Yes No
5. Manuscript Title
Patient-focused Technology-Enabled Programs Improve Outcomes in Primary Total Hip (THR) and Knee Replacement (TKR) Surgery
6. Manuscript Identifying Number (if you know it)

Corresponding Author's Name
Mr Prakash Jayakumar MBBS Bsc(Hons) MRCS (Eng) Dip SI

Section 2. The Work Under Consideration for Publication

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Dr. Bankes has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Joyce
2. Surname (Last Name)  
   Craig
3. Date  
   25-July-2016
4. Are you the corresponding author?  
   ✔ No
5. Manuscript Title  
   Patient-focused Technology-Enabled Programs Improve Outcomes in Primary Total Hip (THR) and Knee Replacement (TKR) Surgery
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. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson &amp; Johnson</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>YHEC received payment for advising on the costing aspects of the study</td>
</tr>
</tbody>
</table>

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☐ No
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<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnston &amp; Johnston</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>YHEC has undertaken another small project with J&amp;J. Original contract was with Synthes an independent company, subsequently taken over by J&amp;J.</td>
</tr>
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Ms Craig reports payment received by YHEC from Johnson & Johnson, during the conduct of the study; also payment for another small project conducted by YHEC for Johnston & Johnston, outside the submitted work.

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Section 1. Identifying Information
1. Given Name (First Name)  Jiayu
2. Surname (Last Name)     Fu
3. Date                    26-July-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name
   Prakash Jayakumar
5. Manuscript Title
   Patient-focused Technology-Enabled Programs Improve Outcomes in Primary Total Hip (THR) and Knee Replacement (TKR) Surgery
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Are there any relevant conflicts of interest?  Yes  No

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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)
   Prakash

2. Surname (Last Name)
   Jayakumar

3. Date
   23-August-2016

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

5. Manuscript Title
   Patient-focused Technology-Enabled Programs Improve Outcomes in Primary Total Hip (THR) and Knee Replacement (TKR) Surgery

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

|-----------------------------|--------|----------------|------------------------|--------|----------|

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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. Jayakumar reports personal fees from Janssen Healthcare Innovation. Johnson and Johnson Medical Devices., during the conduct of the study; personal fees from Janssen Healthcare Innovation. Johnson and Johnson Medical Devices., 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)  Vicki
2. Surname (Last Name)  Joughin
3. Date  08-August-2016
4. Are you the corresponding author?  Yes ✔ No
   Corresponding Author’s Name  Prakash Jayakumar
5. Manuscript Title
   Patient-Focused Technology-Enabled Programs Improve Outcomes in Primary Total Hip (THR) and Knee Replacement (TKR) Surgery

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
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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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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At the time of submitting the manuscript for publication I am Senior Director of Health Economics and Market Access (Europe Middle East and Africa) employed by Johnson & Johnson Medical LTD.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Zameer
2. Surname (Last Name)      Shah
3. Date                     04-September-2016
4. Are you the corresponding author? □ Yes  ✔ No
   Corresponding Author’s Name
   Prakash Jayakumar
5. Manuscript Title
   Patient Focused Technology Enabled Programs Improve Outcomes in Primary Total Hip and Knee Replacement Surgery
6. Manuscript Identifying Number (if you know it)

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Dr. Shah 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)  
Jade  

2. Surname (Last Name)  
Cope  

3. Date  
01-February-2017  

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Prakash Jayakumar

5. Manuscript Title  
Patient-focused Technology-Enabled Programs Improve Outcomes in Primary Total Hip (THR) and Knee Replacement (TKR) Surgery

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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)
   Earnshaw  
3. Date
   01-February-2017

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

**Corresponding Author’s Name**
Prakash Jayakumar

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

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