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.

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

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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)  
   Fontana

3. Date  
   03-May-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   When Stars Do Not Align: Overall Hospital Quality Star Ratings and the Volume-Outcome Association

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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   ✔ Yes  
   No

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   No

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Section 6. Disclosure Statement

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Dr. Fontana has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Catherine
2. Surname (Last Name)  MacLean
3. Date  03-May-2018
4. Are you the corresponding author?  Yes  No  ✔
5. Corresponding Author’s Name  Mark Fantana
6. Manuscript Title  When Stars Do Not Align: Overall Hospital Quality Star Ratings and the Volume-Outcome Association
7. Manuscript Identifying Number (if you know it)  

Section 2. The Work Under Consideration for Publication

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Dr. MacLean has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Stephen

2. Surname (Last Name)  
Lyman

3. Date  
03-May-2018

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

Corresponding Author’s Name  
Mark Fontana

5. Manuscript Title  
When Stars Do Not Align: Overall Hospital Quality Star Ratings and the Volume-Outcome Association

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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>
<th>Comments</th>
</tr>
</thead>
</table>
| NIH/NIAMS      | ☑      | ☐              | ☐                      | ☐      | Grant: 1R01 AR066069-01 (Lyman) 9/2014-8/2019  
NIH/NIAMS Effective Treatment of Femoropatellar Impingement of the Hip |
| Journal of Bone and Joint Surgery | ☐ | ☑ | ☐ | ☐ | Methodology and Statistics Editor |
| Japanese Orthopedic Society of Knee, Arthroscopy, and Sports Medicine | ☐ | ☑ | ☐ | ☐ | Consultant |
| Omni Inc       | ☐ | ☑ | ☐ | ☐ | Consultant |
| Universal Research Solutions | ☐ | ☑ | ☐ | ☐ | Consultant |
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Dr. Lyman reports grants from NIH/NIAMS, personal fees from Journal of Bone and Joint Surgery, personal fees from Japanese Orthopedic Society of Knee, Arthroscopy, and Sports Medicine, personal fees from Omni Inc, personal fees from Universal Research Solutions, outside the submitted work.

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1. Given Name (First Name)  Wasif
2. Surname (Last Name)  Islam
3. Date  03-May-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Mark Fontana
5. Manuscript Title
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