

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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 four parts.

#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Benedict                        | 2. Surname (Last Name)<br>Nwachukwu                                 | 3. Effective Date (07-August-2008)<br>28-May-2013      |
| 4. Are you the corresponding author?                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Kevin J. Bozic, MD, MBA |
| 5. Manuscript Title<br>Measuring Value in Orthopaedic 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

#### The Work Under Consideration for Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| 1. Grant  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |

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|  |                                     |                          |                            |                |            | ADD |
| 7. Other                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|  |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### 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 submission.

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| Relevant financial activities outside the submitted work      |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                  | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
| 1. Board membership   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 5. Grants/grants pending                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
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| Relevant financial activities outside the submitted work                    |                                     |                          |                            |        |          |     |
|---|-------------------------------------|--------------------------|----------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution* | Entity | Comments |     |
|   |                                     |                          |                            |        |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
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|   |                                     |                          |                            |        |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |

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Hide All Table Rows Checked 'No'

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### Section 1. Identifying Information

1. Given Name (First Name) Kamran      2. Surname (Last Name) Hamid      3. Effective Date (07-August-2008) 28-May-2013

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Kevin J. Bozic, MD, MBA

5. Manuscript Title  
Measuring Value in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)  
 

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|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
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|   |                                     |                          |                            |                |            | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
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|   |                                     |                          |                            |                |            | ADD |
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| 7. Other                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | ADD |
|  |                                     |                          |                            |                |            | X   |
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|   |                                     |                          |                            |        |          | ADD |
| 2. Consultancy  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 3. Employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
|   |                                     |                          |                            |        |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
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|   |                                     |                          |                            |        |          | ADD |
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|   |                                     |                          |                            |        |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |        |          | X   |
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1. Given Name (First Name)  
Kevin

2. Surname (Last Name)  
Bozic

3. Effective Date (07-August-2008)  
28-May-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Measuring Value in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)

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|   |                                     |                          |                            |                |            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
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|   |                                     |                          |                            |                |            | ADD |
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|--|-------------------------------------|-------------------------------------|----------------------------|--|----------|-----|
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| 1. Board membership                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | AAOS (Council on Research and Quality)<br>AAHKS ( Health Policy, EBPC)<br>American Joint Replacement Registry (Board of Directors)<br>OREF (Board of Trustees)<br>UCSF Medical Center (HTAP) |          | X   |
|  |                                     |                                     |                            |  |          | ADD |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Integrated Healthcare Association, Pacific Business Group on Health, Harvard Business School (Visiting Scholar)  |          | X   |
|  |                                     |                                     |                            |  |          | ADD |
| 3. Employment  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |  |          | X   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work                    |                                     |                          |                                     |                                    |          |     |
|---|-------------------------------------|--------------------------|-------------------------------------|------------------------------------|----------|-----|
| Type of Relationship (in alphabetical order)                                | No                                  | Money Paid to You        | Money to Your Institution*          | Entity                             | Comments |     |
|   |                                     |                          |                                     |                                    |          | ADD |
| 4. Expert testimony   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 5. Grants/grants pending  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AHRQ, RWJF, CHCF, UC<br>CHQI, YODA |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 6. Payment for lectures including service on speakers bureaus               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 8. Patents (planned, pending or issued)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 9. Royalties  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 11. Stock/stock options   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |
| 13. Other (err on the side of full disclosure)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    |          | X   |
|   |                                     |                          |                                     |                                    |          | ADD |

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4.

#### Other relationships

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?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

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.

Hide All Table Rows Checked 'No'

SAVE

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.