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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kevin
2. Surname (Last Name)  
   Bozic
3. Date  
   10-October-2014
4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
David Jevsevar

5. Manuscript Title  
   An Introduction to Clinical Significance in Orthopaedic Outcomes Research

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?  
✔ No

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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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHRQ, NIH, RWJF, CHCF, UC CHQI, CMS</td>
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<td></td>
<td>Research Support</td>
</tr>
<tr>
<td>Institute for Healthcare Improvement, Pacific Business Group on Health Visiting Scholar, Harvard Business School</td>
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<td></td>
<td></td>
<td>Consultant</td>
</tr>
<tr>
<td>AAOS (Council on Research and Quality) AAHKS (Health Policy, EBPC) COA (Past-President) OREF (Board of Trustees) UCSF Medical Center (HTAP) CJRR (Chair)</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Governance and Leadership Roles</td>
</tr>
</tbody>
</table>
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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. Bozic reports grants from AHRQ, NIH, RWJF, CHCF, UC CHQI, CMS, personal fees from Institute for Healthcare Improvement, Pacific Business Group on Health Visiting Scholar, Harvard Business School, other from AAOS (Council on Research and Quality) AAHKS (Health Policy, EBPC) COA (Past-President) OREF (Board of Trustees) UCSF Medical Center (HTAP) CJRR (Chair), outside the submitted work.

Evaluation and Feedback

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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)  
   Brown  

3. Date  
   14-October-2014  

4. Are you the corresponding author?  
   No  

   Corresponding Author’s Name  
   David Jevsevar  

5. Manuscript Title  
   An Introduction to Clinical Significance in Orthopaedic Outcomes Research  

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.)?  

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   No  

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Are there any relevant conflicts of interest?  
   Yes  

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<td></td>
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<td>Co-Founder</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?  
   No
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Dr. Brown reports other from KareOutcomes, 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)  
   Sanders

3. Date  
   17-June-2014

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   David Jevsevar

5. Manuscript Title  
   Clinical Significance in Orthopaedic Outcomes Research

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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</tr>
</thead>
<tbody>
<tr>
<td>DePuy</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>DuPont used DePuy to sponsor my giving grandrounds at Al DuPont and an honorarium in Dec 2012</td>
</tr>
<tr>
<td>EOS</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>EOS is sponsoring a meeting to develop a grant on spinal growth</td>
</tr>
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Yes ✔ No
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Dr. Sanders reports other from DePuy, grants from EOS, outside the submitted work.

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Section 1. Identifying Information
1. Given Name (First Name)  David
2. Surname (Last Name)  Jevsevar
3. Date  16-June-2014
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title  Clinical Significance in Orthopaedic Outcomes Research
6. Manuscript Identifying Number (if you know it)

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Dr. Jevsevar has nothing to disclose.

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