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)  
Ben

2. Surname (Last Name)  
Eloff

3. Date  
03-March-2017

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

Corresponding Author’s Name  
Joel J. Gagnier

5. Manuscript Title  
A systematic review of measurement properties of patient-reported outcome measures used in patients undergoing total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Eloff has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name) 
   Danica

2. Surname (Last Name) 
   Marinac-Dabic

3. Date 
   03-March-2017

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

   Corresponding Author’s Name 
   Joel J. Gagnier

5. Manuscript Title 
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Dr. Marinac-Dabic has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Manuel
2. Surname (Last Name) Bayona
3. Date 03-March-2017
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name Joel J. Gagnier
5. Manuscript Title
A systematic review of measurement properties of patient-reported outcome measures used in patients undergoing total hip arthroplasty
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joel

2. Surname (Last Name)  
   Gagnier

3. Date  
   27-February-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   A systematic review of measurement properties of patient-reported outcome measures used in patients undergoing total hip arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Gagnier has nothing to disclose.

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   Megan  
2. Surname (Last Name)  
   Mullins  
3. Date  
   03-March-2017  
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   ☑ No  
   Corresponding Author’s Name  
   Joel J. Gagnier  
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Megan Mullins, MPH has nothing to disclose.

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1. Given Name (First Name)  
   Hsiaomin  

2. Surname (Last Name)  
   Huang  

3. Date  
   03-March-2017  

4. Are you the corresponding author?  
   ☑ No  

   Corresponding Author’s Name  
   Joel J. Gagnier  

5. Manuscript Title  
   A systematic review of measurement properties of patient-reported outcome measures used in patients undergoing total hip arthroplasty  

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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<td>Mirza</td>
<td>03-March-2017</td>
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Joel J. Gagnier

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1. Given Name (First Name) Anna
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4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Joel J. Gagnier
5. Manuscript Title
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