

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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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)
John

2. Surname (Last Name)
Antoniou

3. Date
30-September-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Stephane G. Bergeron

5. Manuscript Title
Early Hospital Discharge within the First Two Days Following Total Hip & Knee Arthroplasty Does Not Increase 30-Day Major Complication and Readmission Rates

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy, a Johnson and Johnson Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board/ committee member, paid consultant and research support

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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Dr. Antoniou reports other from DePuy, a Johnson and Johnson Company, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Stephane

2. Surname (Last Name)
Bergeron

3. Date
30-September-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Early Hospital Discharge within the First Two Days Following Total Hip & Knee Arthroplasty Does Not Increase Major Complication and Readmission Rates

6. Manuscript Identifying Number (if you know it)

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Dr. Bergeron has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Epure	3. Date 30-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephane G. Bergeron
5. Manuscript Title Early Hospital Discharge within the First Two Days Following Total Hip & Knee Arthroplasty Does Not Increase 30-Day Major Complication and Readmission Rates		
6. Manuscript Identifying Number (if you know it)		

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Dr. Epure has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Olga

2. Surname (Last Name)
Huk

3. Date
30-September-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Stephane G. Bergeron

5. Manuscript Title
Early Hospital Discharge within the First Two Days Following Total Hip & Knee Arthroplasty Does Not Increase 30-Day Major Complication and Readmission Rates

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy, a Johnson and Johnson Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant and paid presenter

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 1. Identifying Information

1. Given Name (First Name) J. Carl	2. Surname (Last Name) Sutton	3. Date 30-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephane G. Bergeron
5. Manuscript Title Early Hospital Discharge within the First Two Days Following Total Hip & Knee Arthroplasty Does Not Increase Major Complication and Readmission Rates		
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Dr. Sutton has nothing to disclose.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Zukor

3. Date
29-September-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Stephane G. Bergeron

5. Manuscript Title
Early Hospital Discharge within the First Two Days Following Total Hip & Knee Arthroplasty Does Not Increase Major Complication and Readmission Rates

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

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 publication**.

Are there any relevant conflicts of interest? Yes No

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 5. Relationships not covered above

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?

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Zukor has nothing to disclose.

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