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)  
   Peter

2. Surname (Last Name)  
   van Schie

3. Date  
   17-July-2019

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

5. Manuscript Title
   Between Hospital Variation in Revision Rate after THA and TKA in The Netherlands. Can we direct Quality Improvement Initiatives?

6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-00312

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ✔ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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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 6. Disclosure Statement

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Dr. van Schie reports grants from Van Rens Fonds, during the conduct of the study.

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Marang-van de Mheen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Perla J.
2. Surname (Last Name)  Marang-van de Mheen
3. Date  17-July-2019

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

Corresponding Author’s Name  Peter van Schie

5. Manuscript Title
   Between Hospital Variation in Revision Rate after THA and TKA in The Netherlands. Can we direct Quality Improvement Initiatives?

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest?  Yes [ ] No [ ]

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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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Marang-van de Mheen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Rob G.H.H.  
2. Surname (Last Name)  Nelissen  
3. Date  17-July-2019  

4. Are you the corresponding author?  No  
   Corresponding Author’s Name  Peter van Schie  

5. Manuscript Title  
   Between Hospital Variation in Revision Rate after THA and TKA in The Netherlands. Can we direct Quality Improvement Initiatives?  
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00312

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Nelissen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)    Leti
2. Surname (Last Name)        van Bodegom-Vos
3. Date                       17-July-2019
4. Are you the corresponding author?   ☑ No
Corresponding Author’s Name
Peter van Schie

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Liza N.

2. Surname (Last Name)  
van Steenbergen

3. Date  
17-July-2019

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Peter van Schie

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Dr. van Steenbergen has nothing to disclose.

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