

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Van Rens Fonds	☒	☐	☐	☐	

Section 3. Relevant financial activities outside the submitted work.

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

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

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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?

☐ Yes

☒ No

Corresponding Author's Name

Peter van Schie

5. Manuscript Title

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Dr. Nelissen has nothing to disclose.

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1. Given Name (First Name)
Leti

2. Surname (Last Name)
van Bodegom-Vos

3. Date
17-July-2019

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☐ Yes ☒ No

Corresponding Author's Name
Peter van Schie

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1. Given Name (First Name)
Liza N.

2. Surname (Last Name)
van Steenberg

3. Date
17-July-2019

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☐ Yes ☒ No

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Peter van Schie

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Dr. van Steenberghe has nothing to disclose.

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