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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- 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
Section 1. Identifying Information

1. Given Name (First Name)  
   Sabu

2. Surname (Last Name)  
   Thomas

3. Date  
   30-January-2019

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

5. Manuscript Title  
   Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A VISION Substudy

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

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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<td>&gt;70 sources</td>
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<td>❌</td>
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<td>Funding was obtained from &gt;70 sources that had no role in the design, conduct, analyses and interpretation of the data or in the preparation, review, or approval of the manuscript. Sources are included in the manuscript.</td>
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   ✔ 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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Dr. Thomas reports grants from Roche Diagnostics, grants from >70 sources, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Philip James
2. Surname (Last Name) Devereaux
3. Date 30-January-2019
4. Are you the corresponding author? ☑ Yes  ☐ No

Corresponding Author’s Name Sabu Thomas

5. Manuscript Title
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript Identifying Number (if you know it) JBJS-D-18-01305R1

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

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mohit

2. Surname (Last Name)  
   Bhandari

3. Date  
   30-January-2019

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

   Corresponding Author’s Name  
   Sabu Thomas

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Shirley
2. Surname (Last Name) Pettit
3. Date 30-January-2019
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A VISION Substudy
6. Manuscript Identifying Number (if you know it)

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1. **Given Name (First Name)**  
   Patricia
2. **Surname (Last Name)**  
   Cruz
3. **Date**  
   30-January-2019
4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No
   **Corresponding Author’s Name**  
   Sabu Thomas

5. **Manuscript Title**  
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   ☑ Yes  
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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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Section 6. Disclosure Statement

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Dr. Cruz has nothing to disclose.

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)  
Gerard

2. Surname (Last Name)  
Urrúa Cuchi

3. Date  
30-January-2019

4. Are you the corresponding author?  
☑ Yes  
☐ No  
Corresponding Author’s Name  
Sabu Thomas

5. Manuscript Title  
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript identifying Number (if you know it)  
JBJS-D-18-01 305R1

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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?  
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☑ No
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Dr. Urrútia Cuchí 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)  Clara
2. Surname (Last Name)  Chow
3. Date  05-February-2019

4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Sabu Thomas

5. Manuscript Title
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Blinded by JBJS Substudy

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-01305R1

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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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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<td>Clara Chow is supported by a NHMRC Fellowship co-funded by the National Heart Foundation of Australia</td>
</tr>
</tbody>
</table>

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Dr. Chow reports grants from NHMRC, 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)  
   Anthony

2. Surname (Last Name)  
   Adili

3. Date  
   30-January-2019

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Sabu Thomas

5. Manuscript Title  
   Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

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☐ Yes  ☑ No

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☐ Yes  ☑ No
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Dr. Adili has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Xavier
2. Surname (Last Name)  Aguilera
3. Date  30-January-2019

4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Sabu Thomas

5. Manuscript Title
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Dr. Aguilera 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)  
Pablo

2. Surname (Last Name)  
Alonso

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30-January-2019

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

Corresponding Author’s Name  
Sabu Thomas

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Dr. Alonso 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)  
   Victoria

2. Surname (Last Name)  
   Avram

3. Date  
   30-January-2019

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

   Corresponding Author’s Name  
   Sabu Thomas

5. Manuscript Title  
   Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript identifying Number (if you know it)  
   JBJS-D-18-01305R1

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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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Dr. Avram 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) Otavia
2. Surname (Last Name) Berwanger
3. Date 30-January-2019

4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Sabu Thomas

5. Manuscript Title
   Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Chan
3. Date  30-January-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Sabu Thomas

5. Manuscript Title
   Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy
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Are there any relevant conflicts of interest?  Yes  No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Justin

2. Surname (Last Name)  
   Debeer

3. Date  
   30-January-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Sabu Thomas

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Section 1. Identifying Information
1. Given Name (First Name) Michael
2. Surname (Last Name) Jacka
3. Date 30-January-2019
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name
Sabu Thomas

5. Manuscript Title
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Dr. Jacka has nothing to disclose.

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1. Given Name (First Name)  
   CY

2. Surname (Last Name)  
   Wang

3. Date  
   30-January-2019

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

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   Sabu Thomas

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 6. Disclosure Statement

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Dr. Wang has nothing to disclose.

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)  Mitchell
2. Surname (Last Name)  Winemaker
3. Date  30-January-2019

4. Are you the corresponding author?  □ Yes  ☑ No
   Corresponding Author’s Name  Sabu Thomas

5. Manuscript Title
   Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy
6. Manuscript identifying Number (if you know it)
   JBJS-D-18-01305R1

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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

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Dr. Winemaker 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)  Claudia
2. Surname (Last Name)  Lamas
3. Date  30-January-2019

4. Are you the corresponding author?  Yes  No  Correspoinding Author’s Name  Sabu Thomas

5. Manuscript Title
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript identifying Number (if you know it)  JBJS-D-18-01305R1

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lamas 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) 
   Ignacio

2. Surname (Last Name) 
   Garutti

3. Date 
   30-January-2019

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

   Corresponding Author’s Name 
   Sabu Thomas

5. Manuscript Title 
   Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript identifying Number (if you know it) 
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Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? 
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Are there any relevant conflicts of interest? 
   [ ] Yes  [x] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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Dr. Garutti has nothing to disclose.

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1. Given Name (First Name)    2. Surname (Last Name)    3. Date
SADEESH    SRINATHAN    30-January-2019

4. Are you the corresponding author?    [ ] Yes    [ ] No
Corresponding Author’s Name
Sabu Thomas

5. Manuscript Title
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Dr. SRINATHAN has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Paul
2. Surname (Last Name)  Rubery
3. Date  30-January-2019
4. Are you the corresponding author?  ☑ No  
   Corresponding Author’s Name  Sabu Thomas

5. Manuscript Title
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Dr. Rubery has nothing to disclose.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Juan Carlos

2. Surname (Last Name)  
Villar

3. Date  
30-January-2019

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

Corresponding Author’s Name  
Sabu Thomas

5. Manuscript Title  
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript identifying Number (if you know it)  
JBJS-D-18-01305R1

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.

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☐ 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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Dr. Villar has nothing to disclose.

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2. **The work under consideration for publication.**

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Section 1. Identifying Information

1. Given Name (First Name)  Flavia
2. Surname (Last Name)  Borges
3. Date  30-January-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Sabu Thomas

5. Manuscript Title
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A VISION Substudy

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. 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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Dr. Borges reports grants from Roche Diagnostics, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Diane

2. Surname (Last Name)  
   Heels-Ansdell

3. Date  
   30-January-2019

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   Yes    ☑ No  
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   Sabu Thomas

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