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)  Leti
2. Surname (Last Name)  van Bodegom-Vos
3. Date  23-August-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Peter van Schie

5. Manuscript Title
Monitoring hospital performance after Total Hip and Knee Arthroplasty using statistical process control: how much earlier can we detect worsening performance?

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. van Bodegom-Vos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Liza N.

2. Surname (Last Name)  
   van Steenbergen

3. Date  
   23-August-2019

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

   Corresponding Author’s Name  
   Peter van Schie

5. Manuscript Title
   Monitoring hospital performance after Total Hip and Knee Arthroplasty using statistical process control: how much earlier can we detect worsening performance?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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   [✓] No

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Dr. van Steenbergen has nothing to disclose.

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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 23-August-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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van Schie
Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   van Schie

3. Date  
   23-August-2019

4. Are you the corresponding author?  
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   No

5. Manuscript Title  
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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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<td>Van Rens Foundation</td>
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Dr. van Schie reports grants from Van Rens Foundation, during the conduct of the study.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Rob G.H.H.

2. Surname (Last Name)  
Nelissen

3. Date  
23-August-2019

4. Are you the corresponding author?  
☑️ 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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