

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Dr. van Bodegom-Vos 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)
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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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
Monitoring hospital performance after Total Hip and Knee Arthroplasty using statistical process control: how much earlier can we detect worsening performance?

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

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1. Given Name (First Name)
Peter

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van Schie

3. Date
23-August-2019

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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 Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Rob G.H.H.

2. Surname (Last Name)
Nelissen

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23-August-2019

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Yes No

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Peter van Schie

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