

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.

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4. Intellectual Property.

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

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brady	2. Surname (Last Name) Greene	3. Date 21-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeremy T. Smith
5. Manuscript Title Correlation Between Patient Reported Outcome Measures and Health Insurance Provider Types in Patients with Hip Osteoarthritis		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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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Section 6. Disclosure Statement

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

Mr. Greene 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) Marilyn	2. Surname (Last Name) Heng	3. Date 22-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Correlation Between Patient Reported Outcome Measures and Health Insurance Provider Types in Patients with Hip Osteoarthritis		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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. Heng 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) Jeffrey 2. Surname (Last Name) Lange 3. Date 23-December-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jeremy Smith

5. Manuscript Title
Correlation Between Patient Reported Outcome Measures and Health Insurance Provider Types in Patients with Hip Osteoarthritis

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
OnPoint Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties

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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Committee Member, American Association of Hip and Knee Surgeons

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Dr. Lange reports other from OnPoint Knee, outside the submitted work; and Committee Member, American Association of Hip and Knee Surgeons.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Christopher

2. Surname (Last Name)

Melnic

3. Date

22-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jeremy T. Smith

5. Manuscript Title

Correlation Between Patient Reported Outcome Measures and Health Insurance Provider Types in Patients with Hip Osteoarthritis

6. Manuscript Identifying Number (if you know it)

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Smith and Nephew - Consulting / Education
Zimmer Biomet - Research

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Dr. Melnic reports and Smith and Nephew - Consulting / Education
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Jeremy

2. Surname (Last Name)
Smith

3. Date
23-December-2020

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Dr. Smith has nothing to disclose.

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