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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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? 
   Yes  [ ]  No  [x]

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

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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Section 6. Disclosure Statement

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Mr. Greene has nothing to disclose.

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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? 
☑️ No

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? 
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Dr. Heng has nothing to disclose.

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**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?  
   ☑ 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?  
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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>
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<th>Non-Financial Support?</th>
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<td>☑</td>
<td>Royalties</td>
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</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

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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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Melnick
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
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)

Corresponding Author’s Name
Jeremy T. Smith

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- Smith and Nephew - Consulting / Education
- Zimmer Biomet - Research

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Jeremy

2. Surname (Last Name)  
Smith

3. Date  
23-December-2020

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☑ Yes  ☐ No

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

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