

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.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Fontana

3. Date
03-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
When Stars Do Not Align: Overall Hospital Quality Star Ratings and the Volume-Outcome Association

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.

Dr. Fontana has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Catherine

2. Surname (Last Name)
MacLean

3. Date
03-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mark Fantana

5. Manuscript Title
When Stars Do Not Align: Overall Hospital Quality Star Ratings and the Volume-Outcome Association

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Stephen 2. Surname (Last Name) Lyman 3. Date 03-May-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Mark Fontana

5. Manuscript Title
When Stars Do Not Align: Overall Hospital Quality Star Ratings and the Volume-Outcome Association

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NIAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant: 1R01 AR066069-01 (Lyman) 9/2014-8/2019 NIH/NIAMS Effective Treatment of Femoroacetabular Impingement of the Hip
Journal of Bone and Joint Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methodology and Statistics Editor
Japanese Orthopedic Society of Knee, Arthroscopy, and Sports Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Omni Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Universal Research Solutions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Lyman reports grants from NIH/NIAMS, personal fees from Journal of Bone and Joint Surgery, personal fees from Japanese Orthopedic Society of Knee, Arthroscopy, and Sports Medicine, personal fees from Omni Inc, personal fees from Universal Research Solutions , outside the submitted work; .

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark Fontana
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Mr. Islam has nothing to disclose.

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