Date:	12/9/2023	
Your Name:	Bart-Jan van Dooren	
Manuscript Title:	Shifting hip and knee arthroplasty from public to private hospitals in the Netherlands: implications for casemix and outcome. An analysis based on 476,312 procedures from the Dutch Arthroplasty Register	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Time frame: Since the initial planning	of the work
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3	any entity (if not indicated in item #1 above).  Royalties or licenses	None     ■	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/9/2023	
Your Name:	Wierd P. Zijlstra	
Manuscript Title:	Shifting hip and knee arthroplasty from public to private hospitals in the Netherlands: implications for casemix and outcome. An analysis based on 476,312 procedures from the Dutch Arthroplasty Register	
Manuscript Number (if known):	Click or tap here to enter text.	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	LINK Netherlands	Payment for lecture, made to institution
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Board member Dutch Hip Society Supervisory Board member Dutch Arthroplasty Register	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
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Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/9/2023	
Your Name:	Rinne M Peters	
Manuscript Title:	Shifting hip and knee arthroplasty from public to private hospitals in the Netherlands: implications for casemix and outcome. An analysis based on 476,312 procedures from the	
	Dutch Arthroplasty Register	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
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13	Other financial or non-financial interests	None	
Plea [	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			12/9/2023		
Your Name:			Pelle Bos		
Manuscript Title:			Shifting hip and knee arthroplasty from public to private hospitals in the Netherlands: implications for casemix and outcome. An analysis based on 476,312 procedures from the Dutch Arthroplasty Register		
Ma	nuscript Number (if	known):			
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
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	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning of	of the work	
1	All support for the present manuscript (e.g., funding provision	⊠ No	200		
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	present manuscript (e.g., funding, provision of study materials,		one	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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13	Other financial or non-financial interests	None		
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/9/2023	
Your Name:	B.W. Schreurs	
Manuscript Title:	Shifting hip and knee arthroplasty from public to private hospitals in the Netherlands: implications for casemix and outcome. An analysis based on 476,312 procedures from the Dutch Arthroplasty Register	
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3	Royalties or licenses	None	

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4	Consulting fees	None None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠  None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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13	Other financial or non-financial interests	None		
Plea [	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/9/2023	
Your Name:	L.N. van Steenbergen	
Manuscript Title:	Shifting hip and knee arthroplasty from public to private hospitals in the Netherlands: implications for casemix and outcome. An analysis based on 476,312 procedures from the Dutch Arthroplasty Register	
Manuscript Number (if known):	Click or tap here to enter text.	

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Date:			12/9/2023		
Your Name:			Enrico de Visser		
Manuscript Title:			Shifting hip and knee arthroplasty from public to private hospitals in the Netherlands: implications for casemix and outcome. An analysis based on 476,312 procedures from the Dutch Arthroplasty Register		
Mai	nuscript Number (if	known):			
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	charges, etc.) No time limit for this item.				
			Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
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Date:		_1	12/9/2023		
Your Name:		<u>_</u> j	J. Martijn Brinkman		
Manuscript Title:		i	Shifting hip and knee arthroplasty from public to private hospitals in the Netherlands: implications for casemix and outcome. An analysis based on 476,312 procedures from the Dutch Arthroplasty Register		
Ma	Manuscript Number (if known):				
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	manuscript (e.g., funding, provision of study materials,			Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision			Click the tab key to add additional rows.	
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