ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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*Pending*: The patent has been filed but not issued

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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)  Chad
2. Surname (Last Name)  Watts
3. Date  26-March-2014
4. Are you the corresponding author?  No
5. Manuscript Title
   Morbid Obesity: A Significant Risk Factor for Failure of Two-Stage Revision TKA for Infection
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
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| Dr. Watts reports and the institution has received research funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker (Mahwah, NJ, USA), and Biomet (Warsaw, IN, USA). |

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Wagner
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Eric

2. Surname (Last Name)  
Wagner

3. Date  
26-March-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Tad Mabry

5. Manuscript Title  
Morbid Obesity: A Significant Risk Factor for Failure of Two-Stage Revision TKA for Infection

6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)  Douglas
2. Surname (Last Name)  Osmon
3. Date  26-March-2014
4. Are you the corresponding author?  Yes  ☑  No
5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  
   Tad

2. Surname (Last Name)  
   Mabry

3. Date  
   26-March-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Morbid Obesity: A Significant Risk Factor for Failure of Two-Stage Revision TKA for Infection

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Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Lewallen

3. Date  
   26-March-2014

4. Are you the corresponding author?  
   Yes  No  ✔

   Corresponding Author’s Name  
   Tad Mabry

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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</tbody>
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Dr. Lewallen reports personal fees from Zimmer Orthopedics, outside the submitted work; and the institution he works for has received research funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker (Mahwah, NJ, USA), and Biomet (Warsaw, IN, USA).

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   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Matthew</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Houdek</td>
</tr>
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<td>3. Date</td>
<td>26-March-2014</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Tad Mabry</td>
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</table>

5. Manuscript Title

Morbid Obesity: A Significant Risk Factor for Failure of Two-Stage Revision TKA for Infection

6. Manuscript Identifying Number (if you know it)

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? □ Yes ✔ No

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The institution has received research funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker (Mahwah, NJ, USA), and Biomet (Warsaw, IN, USA).

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Dr. Houdek reports and the institution has received research funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker (Mahwah, NJ, USA), and Biomet (Warsaw, IN, USA).

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1. Given Name (First Name)  
   Arlen

2. Surname (Last Name)  
   Hanssen

3. Date  
   26-March-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Tad Mabry

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   ✔ No

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   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>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td></td>
<td>✔</td>
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Dr. Hanssen reports personal fees from Stryker Orthopaedics, outside the submitted work; and the institution he works for has receives research funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker (Mahwah, NJ, USA), and Biomet (Warsaw, IN, USA).

Evaluation and Feedback

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