

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.

2. The work under consideration for publication.

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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)
Huong

2. Surname (Last Name)
Meeks

3. Date
29-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jeremy M. Gililand

5. Manuscript Title
Type One Diabetics at Greater Risk of Peri-Prosthetic Joint Infection: a Population-Based, Retrospective, Cohort Study

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00080R1

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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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Dr. Meeks has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeremy	2. Surname (Last Name) Gililand	3. Date 29-April-2019
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Type One Diabetics at Greater Risk of Peri-Prosthetic Joint Infection: a Population-Based, Retrospective, Cohort Study		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00080R1		

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CoNexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equity Interest
DJ Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant
Medacta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant
OrthoGrid Systems, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant, Equity Interest, IP
Smith and Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant

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AAOS: Board or committee member
American Association of Hip and Knee Surgeons: Board or committee member
Zimmer Biomet: Institutional research support
Journal of Arthroplasty: Editorial or governing board

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Dr. Gililland reports other from CoNextion , personal fees from DJ Orthopaedics, personal fees from Medacta, from OrthoGrid Systems, Inc., personal fees from Smith and Nephew, personal fees from Stryker, outside the submitted work; and AAOS: Board or committee member
American Association of Hip and Knee Surgeons: Board or committee member
Zimmer Biomet: Institutional research support
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Section 1. Identifying Information

1. Given Name (First Name)
Mike

2. Surname (Last Name)
Anderson

3. Date
29-April-2019

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

5. Manuscript Title
Type One Diabetics at Greater Risk of Peri-Prosthetic Joint Infection: a Population-Based, Retrospective, Cohort Study

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
OrthoGrid Systems, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and Equity Interest

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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Employee - Ortho Development Corporation

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Mr. Anderson reports personal fees from OrthoGrid Systems, Inc., outside the submitted work; and Employee - Ortho Development Corporation .

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Section 1. Identifying Information

1. Given Name (First Name) Ian	2. Surname (Last Name) Duensing	3. Date 29-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeremy M. Gililand
5. Manuscript Title Type One Diabetics at Greater Risk of Peri-Prosthetic Joint Infection: a Population-Based, Retrospective, Cohort Study		
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Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Curtin	3. Date 29-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeremy M. Gililand
5. Manuscript Title Type One Diabetics at Greater Risk of Peri-Prosthetic Joint Infection: a Population-Based, Retrospective, Cohort Study		
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