

## 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.

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".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
Muhammad Amin

2. Surname (Last Name)  
Chinoy

3. Date  
25-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Javad Parvizi, MD

5. Manuscript Title  
Musculoskeletal Infection in Pediatrics; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

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Dr. Chinoy has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mahzad

2. Surname (Last Name)

Javid

3. Date

25-June-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Javad Parvizi, MD

5. Manuscript Title

Musculoskeletal Infection in Pediatrics; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection

6. Manuscript Identifying Number (if you know it)

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Dr. Javid has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ali

2. Surname (Last Name)  
Parsa

3. Date  
25-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Javad Parvizi, MD

5. Manuscript Title

Musculoskeletal Infection in Pediatrics; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection

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### Section 1. Identifying Information

1. Given Name (First Name)

Javad

2. Surname (Last Name)

Parvizi

3. Date

25-June-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Musculoskeletal Infection in Pediatrics; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection

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If yes, please fill out the appropriate information below.

| Name of Entity                    | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments         |
|-----------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|------------------|
| Eastern Orthopaedic Association   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| Muller Foundation                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| United Healthcare                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| Journal of Bone and Joint Surgery | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| Data Trace                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Royalties        |
| Elsevier                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Royalties        |
| Jaypee Publishers                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Royalties        |
| SLACK Incorporated                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Royalties        |

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| Name of Entity                       | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments                               |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| Wolters Kluwer                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Royalties                              |
| Parvizi Surgical Innovations         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| Hip Innovation Technology            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| Alphaeon                             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| Joint Purification Systems           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| Ceribell                             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| Physician Recommended Nutraceuticals | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| PRN-Veterinary                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| MDValuate                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| Intellijoint                         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| MicroGenDx                           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock Ownership                        |
| Zimmer Biomet                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                             |
| Stryker                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                             |
| TissueGene                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                             |
| Corentec                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant; Stock Ownership; Royalties |
| Ethicon                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                             |
| Tenor                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                             |
| KCI                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                             |
| Heraeus                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                             |
| 3M                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consultant                             |

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent?   | Pending?                 | Issued?                             | Licensed?                | Royalties?               | Licensee?     | Comments |
|-----------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------|----------|
| 9,384,328 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi |          |

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| Patent?   | Pending?                            | Issued?                             | Licensed?                | Royalties?               | Licensee?     | Comments |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------|----------|
| WO2015164188A1  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi |          |
| ADVANCED BIOMATERIALS AND METHODS OF ATTACHING THERAPUTIC AGENTS THERTO   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi |          |
| WO2010036930A1  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi |          |
| DIAGNOSIS AND TREATMENT OF ARTHROFIBROSIS DISEASES                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi |          |
| IMPLANTS FOR HIP ARTHOPLASTY AND METHODS OF USE THEREOF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi |          |
| Methods utilizing D-dimer for diagnosis of periprosthetic joint infection | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi |          |

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Dr. Parvizi reports other from Eastern Orthopaedic Association, other from Muller Foundation, other from United Healthcare, other from Journal of Bone and Joint Surgery, personal fees from Data Trace, personal fees from Elsevier, personal fees from Jaypee Publishers, personal fees from SLACK Incorporated, personal fees from Wolters Kluwer, other from Parvizi Surgical Innovations, other from Hip Innovation Technology, other from Alphaeon, other from Joint Purification Systems, other from Ceribell, other from Physician Recommended Nutraceuticals, other from PRN-Veterinary, other from MDValuate, other from Intellijoint, other from MicroGenDx, personal fees from Zimmer Biomet, personal fees from Stryker, personal fees from TissueGene, personal fees and other from Corentec, personal fees from Ethicon, personal fees from Tenor, personal fees from KCI, personal fees from Heraeus, personal fees from 3M, outside the submitted work; In addition, Dr. Parvizi has a patent 9,384,328 issued to Javad Parvizi, a patent WO2015164188A1 issued to Javad Parvizi, a patent ADVANCED BIOMATERIALS AND METHODS OF ATTACHING THERAPUTIC AGENTS THERTO issued to Javad Parvizi, a patent WO2010036930A1 issued to Javad Parvizi, a patent DIAGNOSIS AND TREATMENT OF ARTHROFIBROSIS DISEASES issued to Javad Parvizi, a patent IMPLANTS FOR HIP ARTHOPLASTY AND METHODS OF USE THEREOF pending to Javad Parvizi, and a patent Methods utilizing D-dimer for diagnosis of periprosthetic joint infection pending to Javad Parvizi.

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### 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.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Alexus  | 2. Surname (Last Name)<br>Cooper                                    | 3. Date<br>25-June-2019                          |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Javad Parvizi, MD |
| 5. Manuscript Title<br>Musculoskeletal Infection in Pediatrics; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection |   |  |
| 6. Manuscript Identifying Number (if you know it)   |   |  |

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Alexis M. Cooper, BS has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Alexander

2. Surname (Last Name)

Shope

3. Date

25-June-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Javad Parvizi, MD

5. Manuscript Title

Musculoskeletal Infection in Pediatrics; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection

6. Manuscript Identifying Number (if you know it)

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Dr. Shope has nothing to disclose.

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