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.

5. **Relationships not covered above.**

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

**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)  
   Derek  

2. Surname (Last Name)  
   Ward  

3. Date  
   11-June-2019  

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  

   Corresponding Author’s Name  
   Trevor Grace  

5. Manuscript Title  
   Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00243

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No  

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  

Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No  

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>
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<td>☐</td>
<td>☑</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**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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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

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Dr. Ward reports personal fees from Johnson & Johnson (Depuy), outside the submitted work.

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)**
   - Heather

2. **Surname (Last Name)**
   - Roberts

3. **Date**
   - 11-June-2019

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-19-00243

#### Section 2. The Work Under Consideration for Publication

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

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

---

Roberts
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Roberts has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Trevor
2. Surname (Last Name)  Grace
3. Date  11-June-2019
4. Are you the corresponding author?  Yes ❑ No ❑
5. Manuscript Title
   Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications
6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-00243

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Vail

3. Date  
   11-June-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Trevor Grace, MD

5. Manuscript Title  
   Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications

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**Section 1.** Identifying Information

1. Given Name (First Name)  Ellen
2. Surname (Last Name)  Tsay
3. Date  11-June-2019
4. Are you the corresponding author?  ✔ No
   Corresponding Author’s Name  Trevor Grace
5. Manuscript Title  Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00243

**Section 2.** The Work Under Consideration for Publication

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Ellen Tsay has nothing to disclose.

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