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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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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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)  
   Anthony

2. Surname (Last Name)  
   Bozzo

3. Date  
   30-July-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Anthony Adili

5. Manuscript Title  
   Risk factors for prosthetic joint infection following primary total hip arthroplasty: A 15-year population-based cohort study

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00537R1

**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?  
   ✔ No

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below.

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<th>Other?</th>
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<tbody>
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<td>Grant to support my graduate studies</td>
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<td>New Investigator Fund - Hamilton Health Sciences</td>
<td>✔</td>
<td></td>
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<td>Grant to support my graduate studies</td>
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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?  
   ✔ No
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Section 6. Disclosure Statement

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Dr. Bozzo reports grants from Regional Medical Associates of Hamilton, grants from New Investigator Fund - Hamilton Health Sciences, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kim

2. Surname (Last Name)  
   Madden

3. Date  
   30-July-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Anthony Adili

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   [x] Yes  
   [ ] No

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<td>Consulting fees</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Madden reports personal fees from OrthoEvidence, outside the submitted work; .

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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
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mitchell

2. Surname (Last Name)  
   Winemaker

3. Date  
   30-July-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Anthony Adili

5. Manuscript Title  
   Risk factors for prosthetic joint infection following primary total hip arthroplasty: A 15-year population-based cohort study

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<td></td>
<td>☐</td>
<td>Research support and speaker fees</td>
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Dr. Winemaker reports grants and personal fees from Stryker, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory  

2. Surname (Last Name)  
   Pond  

3. Date  
   30-July-2019  

4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Anthony Adili  

5. Manuscript Title  
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Dr. Pond has nothing to disclose.

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1. Given Name (First Name)  
   Anthony

2. Surname (Last Name)  
   Adili

3. Date  
   30-July-2019

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

5. Manuscript Title  
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Dr. Adili has nothing to disclose.

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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.

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

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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)  
   Wood
3. Date  
   30-July-2019
4. Are you the corresponding author?  
   □ Yes  
   □ No  
   Corresponding Author’s Name  
   Anthony Adili
5. Manuscript Title  
   Risk factors for prosthetic joint infection following primary total hip arthroplasty: A 15-year population-based cohort study
6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00537R1

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?  
□ Yes  
□ No

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□ No

Section 4. Intellectual Property -- Patents & Copyrights
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□ Yes  
□ No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wood has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michelle

2. Surname (Last Name)  
   Ghert

3. Date  
   30-July-2019

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author's Name  
   Anthony Adili

5. Manuscript Title  
   Risk factors for prosthetic joint infection following primary total hip arthroplasty: A 15-year population-based cohort study

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<th>Non-Financial Support?</th>
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Dr. Ghert reports other from Wright Medical, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mohit

2. Surname (Last Name)  
   Bhandari

3. Date  
   01-June-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Anthony Adili

5. Manuscript Title  
   Risk factors for prosthetic joint infection following primary total hip arthroplasty: A 15-year population-based cohort study

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<td>Research Funding</td>
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</tbody>
</table>

Bhandari
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Dr. Bhandari reports personal fees from AgNovos Healthcare, personal fees and non-financial support from Sanofi Aventis, personal fees from Stryker, personal fees from Pendopharm, grants from DJ Orthopedics, grants from Acumed, outside the submitted work.

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