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”.

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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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)  
   Peter

2. Surname (Last Name)  
   Chalmers

3. Date  
   25-October-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Craig Della Valle

5. Manuscript Title  
   A Randomized Trial of Static and Articulating Spacers for Treatment of the Infected Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00915R1

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] 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. Chalmers reports personal fees from Journal of Shoulder and Elbow Surgery, personal fees from Arthrex, personal fees from Mitek, personal fees from Depuy, outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Javad

2. Surname (Last Name)  
   Parvizi

3. Date  
   28-October-2019

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author's Name  
   Craig Della Valle

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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 [ ]

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.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Cindy

2. Surname (Last Name)  
   Nahhas

3. Date  
   25-October-2019

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

5. Manuscript Title  
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   ✔ Yes  ☐ No
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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✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Cindy Nahhas 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)  Mario
2. Surname (Last Name)     Moric
3. Date                     28-October-2019

4. Are you the corresponding author?  ☑ No
Corresponding Author's Name
Dr. Craig Della Valle

5. Manuscript Title
A Randomized Trial of Static and Articulating Spacers for Treatment of the Infected Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00915R1

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Section 6. Disclosure Statement

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Mr. Moric has nothing to disclose.

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1. Given Name (First Name)  Michael
2. Surname (Last Name)  Morris
3. Date  28-October-2019

4. Are you the corresponding author?  ☑ Yes  ☐ No
Corresponding Author's Name  Craig Della Valle, MD

5. Manuscript Title
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<td>Minority ownership</td>
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Dr. Morris reports personal fees from Total Joint Orthopaedics, Inc., personal fees from Zimmer Biomet, Inc., other from Joint Development Corporation, non-financial support and other from SPR Therapeutics, other from White Fence Surgical Suites, other from Southeast Ohio Surgical Suites, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Scott

2. Surname (Last Name)  
Sporer

3. Date  
31-October-2019

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Dr. Craig DellaValle

5. Manuscript Title  
A Randomized Trial of Static and Articulating Spacers for Treatment of the Infected Total Knee Arthroplasty

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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?  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Austin

3. Date  
   25-October-2019

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Craig Della Valle, MD

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Dr. Austin reports personal fees from Corin, personal fees from Link, personal fees from JayPee Publishing, personal fees from United Health Group, grants from Zimmer Biomet, outside the submitted work;.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Keith

2. Surname (Last Name)  
   Berend

3. Date  
   04-November-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Craig Della Valle, MD

5. Manuscript Title  
   A Randomized Trial of Static and Articulating Spacers for Treatment of the Infected Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00915R1

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Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Disclosure Statement

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Dr. Berend reports personal fees and other from Zimmer Biomet, other from Joint Development Corporation, other from SPR Therapeutics, other from Vumedi, other from Elute, Inc., other from White Fence Surgical Suites, other from Southeast Ohio Surgical Suites, outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Antonia F.  
2. Surname (Last Name)  
   Chen  
3. Date  
   25-October-2019  
4. Are you the corresponding author?  
   ✔ Yes  
5. Manuscript Title  
   A Randomized Trial of Static and Articulating Spacers for Treatment of the Infected Total Knee Arthroplasty  
6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00915R1  
6. Corresponding Author’s Name  
   Craig Della Valle

## 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

## 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.

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Deirmengian

3. Date  
   31-October-2019

4. Are you the corresponding author?  
   Yes   No  
   Corresponding Author’s Name  
   Dr. Craig Della Valle

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

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Craig
2. Surname (Last Name)  
Della Valle
3. Date  
25-October-2019
4. Are you the corresponding author?  
☑ Yes  ☐ No
5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>Non-Financial Support?</th>
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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

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?

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

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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. Della Valle reports grants and personal fees from Smith and Nephew, grants from Stryker, grants and personal fees from Zimmer Biomet, grants from CD Diagnostics, personal fees from SLACK, personal fees from Wolter Kluwer, outside the submitted work.

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