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.

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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)  
   Mark

2. Surname (Last Name)  
   Gonzalez

3. Date  
   07-August-2019

4. Are you the corresponding author?  
   Yes ❑ No

   Corresponding Author’s Name  
   Deena Kishawi

5. Manuscript Title

Preoperative Albumin Levels Predict Adverse Postoperative Outcomes for Total Joint Arthroplasties

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00511

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

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</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

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Dr. Gonzalez reports other from Ortho Sensing Technology, personal fees from Biomet, personal fees from Johnson & Johnson, personal fees from Zimmer, personal fees from Smith & Nephew, 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)  Awais
2. Surname (Last Name)     Hussain
3. Date                   07-August-2019
4. Are you the corresponding author?  
   [ ] Yes  [✓] No
   Corresponding Author’s Name
   Deena Kishawi
5. Manuscript Title
   Preoperative Albumin Levels Predict Adverse Postoperative Outcomes for Total Joint Arthroplasties
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[ ] Yes  [✓] No

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Dr. Hussain has nothing to disclose.

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<td>Deena</td>
<td>Kishawi</td>
<td>07-August-2019</td>
<td>Yes ✔ No</td>
</tr>
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5. Manuscript Title

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Deena Kishawi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alfonso

2. Surname (Last Name)  
   Mejia

3. Date  
   07-August-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Deena Kishawi

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Dr. Mejia has nothing to disclose.

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Schwarzmann
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Garrett
2. Surname (Last Name)  Schwarzmann
3. Date  07-August-2019
4. Are you the corresponding author?  Yes ✔ No

Corresponding Author's Name  Deena Kishawi

5. Manuscript Title
Preoperative Albumin Levels Predict Adverse Postoperative Outcomes for Total Joint Arthroplasties

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00511

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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

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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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Dr. Schwarzmann reports other from Abbott, outside the submitted work.

Evaluation and Feedback

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