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Section 1. Identifying Information

1. Given Name (First Name)  
  Anastasia

2. Surname (Last Name)  
  Whitson

3. Date  
  20-September-2019

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

   Corresponding Author’s Name  
   Jason E Hsu MD

5. Manuscript Title  
   The Use and Adverse Effects of Oral and Intravenous Antibiotic Administration for Suspected Infection after Revision Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00846R1

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Are there any relevant conflicts of interest?  
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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 ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Anastasia Whitson 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)  
Jason

2. Surname (Last Name)  
Hsu

3. Date  
19-September-2019

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
The Use and Adverse Effects of Oral and Intravenous Antibiotic Administration for Suspected Infection after Revision Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00846

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Are there any relevant conflicts of interest?  
✔ No

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Dr. Hsu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Frederick
2. Surname (Last Name) Matsen
3. Date 19-September-2019
4. Are you the corresponding author? Yes No
5. Manuscript Title
   The Use and Adverse Effects of Oral and Intravenous Antibiotic Administration for Suspected Infection after Revision Shoulder Arthroplasty
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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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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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Pottinger</td>
</tr>
<tr>
<td>3. Date</td>
<td>19-September-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Jason E. Hsu, MD</td>
</tr>
</tbody>
</table>

### Manuscript Title
The Use and Adverse Effects of Oral and Intravenous Antibiotic Administration for Suspected Infection after Revision Shoulder Arthroplasty.

### Manuscript Identifying Number (if you know it)

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

---

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

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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. Pottinger 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)  
   Jie

2. Surname (Last Name)  
   Yao

3. Date  
   02-October-2019

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Jason E. Hsu, MD

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

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   Use this section to report 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.

Definitions.

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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
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
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)  Kevin
2. Surname (Last Name)  Jurgensmeier
3. Date  19-September-2019
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
The Use and Adverse Effects of Oral and Intravenous Antibiotic Administration for Suspected Infection after Revision Shoulder Arthroplasty

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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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.

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Disclosure Statement

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Kevin Jurgensmeier, MS3 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".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Benjamin

2. Surname (Last Name)
   Woodhead

3. Date
   02-October-2019

4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name
   Jason E Hsu, MD

5. Manuscript Title
   The Use and Adverse Effects of Oral and Intravenous Antibiotic Administration for Suspected Infection after Revision Shoulder Arthroplasty

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 [x] No

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Section 6. Disclosure Statement

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Dr. Woodhead has nothing to disclose.

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