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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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)  Daniel
2. Surname (Last Name)  Schlatterer
3. Date  11-July-2019

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

Corresponding Author’s Name  William Obremskey, MD

5. Manuscript Title
Musculoskeletal Infection in Orthopaedic Trauma; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01070R1

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.

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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
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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?

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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. Schlatterer has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Willem-Jan

2. Surname (Last Name)  
Metsemakers

3. Date  
08-July-2019

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

Corresponding Author’s Name  
William T. Obremskey

5. Manuscript Title  
Musculoskeletal Infection in Orthopaedic Trauma; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-01070R1

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Are there any relevant conflicts of interest?  
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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>Name of Entity</th>
<th>Grant?</th>
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Dr. Metsemakers reports personal fees from DePuy Synthes, personal fees from BoneSupport, personal fees from ZiomerBiomet, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Obremskey

3. Date  
   02-July-2019

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

5. Manuscript Title
   Musculoskeletal Infection in Orthopaedic Trauma; Assessment of the 2018 International Consensus Meeting on  
   Musculoskeletal Infection

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Are there any relevant conflicts of interest?  
   ✔ 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.

<table>
<thead>
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</tbody>
</table>

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Dr. Obremskey reports other from Orthopedic Trauma Association, during the conduct of the study;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   McNally

3. Date  
   09-July-2019

4. Are you the corresponding author?  
   □ Yes  ☑ No
   Corresponding Author’s Name  
   William Obremskey, MD

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Dr. McNally reports personal fees from Bonesupport AB, other from AO Foundation, grants from European Bone & Joint Infection Society, outside the submitted work.

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1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Kates

3. Date  
   08-July-2019

4. Are you the corresponding author?  
   Yes  No
   Corresponding Author’s Name
   William Obremskey, MD

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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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<td>AO Foundation</td>
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<td>Research</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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**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?

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Kates reports grants from AO Foundation, outside the submitted work;

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Instructions

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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.
   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.
   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Kenneth

2. Surname (Last Name)  
   Egol

3. Date  
   02-July-2019

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

   Corresponding Author’s Name  
   William Obremskey, MD

5. Manuscript Title  
   Musculoskeletal Infection in Orthopaedic Trauma; Assessment of the 2018 International Consensus Meeting on Musculoskeletal Infection

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01070R1

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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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Dr. Egol has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Tetsworth

3. Date  
   16-July-2019

4. Are you the corresponding author?  
   Yes  ✔ No  
   Corresponding Author’s Name  
   William Obremskey, MD

5. Manuscript Title  
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Dr. Tetsworth reports personal fees from Smith and Nephew Inc, personal fees from Stryker Corp, personal fees from 4Web Medical, other from BioConsultancy LLC, other from Extremos Medical, other from Zimba Medical, outside the submitted work.

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