ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Chi

2. Surname (Last Name)  
   Xu

3. Date  
   13-January-2020

4. Are you the corresponding author?  
   Yes ✔  No

   Corresponding Author’s Name  
   Ji-Ying Chen

5. Manuscript Title  
   A Clinical Pilot Study to Evaluate CD64 Expression on Blood Monocytes as an Indicator of Periprosthetic Joint Infection

6. Manuscript Identifying Number (if you know it)  
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1. Given Name (First Name)  Hao
2. Surname (Last Name)  Li
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Are there any relevant conflicts of interest? [ ] Yes [x] No

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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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Section 1. Identifying Information

1. Given Name (First Name)  
   Rui

2. Surname (Last Name)  
   Li

3. Date  
   13-January-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Ji-Ying Chen

5. Manuscript Title  
   A Clinical Pilot Study to Evaluate CD64 Expression on Blood Monocytes as an Indicator of Periprosthetic Joint Infection

6. Manuscript Identifying Number (if you know it)  
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2. Surname (Last Name)  Chai  
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