The ICMJE Form for Disclosure of Potential Conflicts of Interest is designed to provide readers with information about your other interests that could influence how they receive and understand your work. 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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4. **Intellectual Property.**
   - This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Khaled
2. Surname (Last Name)  Yaghmour
3. Date  13-June-2020
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title  Clinical and Health Care Cost Analysis Of Negative Pressure Dressing In Primary And Revision Total Knee Arthroplasty: A Systematic Review and Meta-analysis
6. Manuscript Identifying Number (if you know it)

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?  ✔ 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?  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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

Khaled Yaghmour
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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Dr. Yaghmour has nothing to disclose.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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<thead>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Fahad</td>
<td>Hossain</td>
<td>14-June-2020</td>
</tr>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  

Corresponding Author's Name  
Khaled Yaghmour

5. Manuscript Title  
Clinical and Health Care Cost Analysis Of Negative Pressure Dressing In Primary And Revision Total Knee Arthroplasty: A Systematic Review and Meta-analysis

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Are there any relevant conflicts of interest?  
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- No  

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- No  

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- No
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Dr. Hossain 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)  
   Sujith

2. Surname (Last Name)  
   Konan

3. Date  
   11-June-2020

4. Are you the corresponding author?  
   Yes [ ]  No [x]

   Corresponding Author’s Name  
   Khaled Yaghmour

5. Manuscript Title  
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[ ] Yes [x] No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Honorarium for advisory board. Institutional grants</td>
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Dr. Konan reports grants and personal fees from Smith & Nephew Inc, personal fees from AO Recon, personal fees from Touch surgery, grants and personal fees from Stryker, outside the submitted work; .

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