ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. **Intellectual Property.**

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eric  

2. Surname (Last Name)  
   Bohm  

3. Date  
   21-December-2020  

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

   Corresponding Author's Name  
   Amit Atrey  

5. Manuscript Title  
   infection: the final frontier of arthroplasty management  

6. Manuscript Identifying Number (if you know it)  
   JBJS 20.01517  

**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?  
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   ☐ No

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   ☑ Yes  
   ☐ No

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Disclosure Statement

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Dr. Bohm has nothing to disclose.

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<td>Joshua</td>
<td>Davis</td>
<td>21-December-2020</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

Amit Atrey

5. Manuscript Title

infection: the final frontier of arthroplasty management

6. Manuscript Identifying Number (if you know it)

JBJS 20.01517

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Dr. Davis 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)  
   Michael

2. Surname (Last Name)  
   Dunbar

3. Date  
   21-December-2020

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

   Corresponding Author’s Name  
   Amit Atrey

5. Manuscript Title  
   infection: the final frontier of arthroplasty management

6. Manuscript Identifying Number (if you know it)  
   JBJS 20.01517

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Section 6. Disclosure Statement

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Dr. Dunbar has nothing to disclose.

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)**
   - Elizabeth

2. **Surname (Last Name)**
   - Paxton

3. **Date**
   - 21-December-2020

4. **Are you the corresponding author?**
   - ✔ No

   **Corresponding Author’s Name**
   - Amit Atrey

5. **Manuscript Title**
   - Infection: the final frontier of arthroplasty management

6. **Manuscript Identifying Number (if you know it)**
   - JBJS 20.01517

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

- ✔ No

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Dr. Paxton has nothing to disclose.

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)  Bheeshma
2. Surname (Last Name)  Ravi
3. Date  23-December-2020
4. Are you the corresponding author?  
   □ Yes  ✔ No
   Corresponding Author’s Name  Amit Atrey
5. Manuscript Title
   infection: the final frontier of arthroplasty management
6. Manuscript Identifying Number (if you know it)
   JBJS 20.01517

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Dr. Ravi has nothing to disclose.

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### Section 1. Identifying Information

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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. Reed has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Ola  
2. Surname (Last Name)  
   Rolfson  
3. Date  
   22-December-2020  
4. Are you the corresponding author?  
   Yes  
   ✔ No  
   Corresponding Author's Name  
   Amit Atrey  
5. Manuscript Title  
   infection: the final frontier of arthroplasty management  
6. Manuscript Identifying Number (if you know it)  
   JBJS 20.01517

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Are there any relevant conflicts of interest?  
   Yes  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Rolfson has nothing to disclose.

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1. Given Name (First Name)  
   Amir  

2. Surname (Last Name)  
   Khoshbin  

3. Date  
   22-December-2020  

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

   Corresponding Author’s Name  
   Amit Atrey

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Campbell

3. Date  
   20-December-2020

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

Corresponding Author’s Name  
   Amit Atrey

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Jones

3. Date  
20-December-2020

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

Corresponding Author’s Name  
Assoc Prof Amit Atrey

5. Manuscript Title  
Infection: The Final Frontier of Arthroplasty Management

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Hesham

2. Surname (Last Name)
   Abdelbary

3. Date
   03-October-2020

4. Are you the corresponding author? ☐ Yes  ✔️ No
   Corresponding Author’s Name
   Dr. Amit Atrey

5. Manuscript Title
   Infection: the last bastion of arthroplasty management.
   A proposal for a global infected arthroplasty registry:

6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-01517R1

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Abdelbary 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)  
   Gavin

2. Surname (Last Name)  
   Wood

3. Date  
   06-October-2020

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

5. Manuscript Title  
   Infection: the last bastion of arthroplasty management.  
   A proposal for a global infected arthroplasty registry.

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-01517R1

Section 2. The Work Under Consideration for Publication

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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>
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<th>Non-Financial Support?</th>
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Dr. Wood reports personal fees from Stryker, grants from Canadian Institute Health, non-financial support from Zimmer, non-financial support from Depuy, personal fees from Ontario Medical Association, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  pierres
2. Surname (Last Name)  yates
3. Date  10-May-2020
4. Are you the corresponding author?  No
5. Manuscript Title
   Infection: the last bastion of arthroplasty management.
   A proposal for a global infected arthroplasty registry:
6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-01517R1

Corresponding Author’s Name
amit atrey

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Christopher
2. Surname (Last Name)  Kandel
3. Date  04-October-2020

4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name
Dr. Amit Atrey

5. Manuscript Title
Infection: the last bastion of arthroplasty management.
A proposal for a global infected arthroplasty registry:

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-01517R1

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Dr. Kandel 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)
   Laurens

2. Surname (Last Name)
   Manning

3. Date
   05-October-2020

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

5. Manuscript Title
   Infection: the last bastion of arthroplasty management.
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Are there any relevant conflicts of interest?  
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Dr. Manning has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Amit

2. Surname (Last Name)  
   Atrey

3. Date  
   03-October-2020

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

5. Manuscript Title  
   Infection: the last bastion of arthroplasty management.  
   A proposal for a global infected arthroplasty registry.

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nipun

2. Surname (Last Name)  
   Atri

3. Date  
   03-October-2020

4. Are you the corresponding author?  
   Yes  No
   Corresponding Author’s Name  
   Amit Atrey

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<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Dirk Jan</td>
<td>Moojen</td>
<td>05-October-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
- Yes  
- No

Corresponding Author's Name: Amit Atrey

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

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1. Given Name (First Name) James
2. Surname (Last Name) Waddell
3. Date 05-October-2020
4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name Amit Atrey
5. Manuscript Title
   Infection: the last bastion of arthroplasty management.
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