

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.

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4. Intellectual Property.

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

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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

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

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Dr. Bohm has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Davis

3. Date

21-December-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Amit Atrey

5. Manuscript Title

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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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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Dunbar has nothing to disclose.

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Paxton has nothing to disclose.

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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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) mike	2. Surname (Last Name) Reed	3. Date 21-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? ☐ Yes ☒ 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? ☐ 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

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?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ 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. Reed has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Section 2. The Work Under Consideration for Publication

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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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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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Dr. Rolfson 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)

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

"Infection: The Final Frontier of Arthroplasty Management A Proposal for A Global Infected Arthroplasty Registry from a Multinational Collaborative Group, The GAIA

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? ☐ 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

ICMJE Form for Disclosure of Potential Conflicts 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. Khoshbin has nothing to disclose.

Evaluation and Feedback

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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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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) David	2. Surname (Last Name) Campbell	3. Date 20-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amit Atrey
5. Manuscript Title Infection: The Final Frontier of Arthroplasty Management A Proposal for A Global Infected Arthroplasty Registry from a Multinational Collaborative Group, The GAIA.		
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? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RSA contract study
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implant development
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	instructional course lectures
Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	instructional course lectures
Signature Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Amplitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	share

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

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

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Dr. Campbell reports grants from Stryker, personal fees from Smith & Nephew, personal fees from Smith & Nephew, personal fees from Depuy, personal fees from Signature Orthopaedics, other from Amplitude, outside the submitted work; .

Evaluation and Feedback

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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) Christopher	2. Surname (Last Name) Jones	3. Date 20-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Assoc Prof Amit Atrey
5. Manuscript Title Infection: The Final Frontier of Arthroplasty Management		
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? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johnson & Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consulting
MatOrtho	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sponsored Travel
NavBit Pty Ltd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shareholder
Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support & Fellowship

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Jones reports personal fees from Johnson & Johnson, non-financial support from MatOrtho, other from NavBit Pty Ltd, grants from Johnson & Johnson, 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)

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

Section 2. The Work Under Consideration for Publication

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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

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Abdelbary has nothing to disclose.

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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) Gavin	2. Surname (Last Name) Wood	3. Date 06-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canadian Institute Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Depuy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ontario Medical Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)
piers

2. Surname (Last Name)
yates

3. Date
10-May-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
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

Section 4. Intellectual Property -- Patents & Copyrights

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no relevant conflicts of interest

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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
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6. Manuscript Identifying Number (if you know it)
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Dr. Manning 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)
Amit

2. Surname (Last Name)
Atrey

3. Date
03-October-2020

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

5. Manuscript Title
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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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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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. Atri has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Dirk Jan

2. Surname (Last Name)
Moojen

3. Date
05-October-2020

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☐ Yes ☒ No

Corresponding Author's Name
Amit Atrey

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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

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☐ Yes ☒ No

Corresponding Author's Name
Amit Atrey

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