ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name)  
Javad  
2. Surname (Last Name)  
Parvizi  
3. Date  
09-November-2020

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

5. Manuscript Title  
Inflammatory Bowel Diseases Increase the Risk of Periprosthetic Joint Infection

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-01585

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☐ Yes  ☑ No

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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>Non-Financial Support?</th>
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1. Given Name (First Name) Emanuele
2. Surname (Last Name) Chisari
3. Date 09-November-2020

4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name
   Javad Parviz

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Chisari has nothing to disclose.

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Section 1.  Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Sherman

3. Date  
   09-November-2020

4. Are you the corresponding author?  
   ☑ Yes  ❏ No  
   Corresponding Author’s Name  
   Javad Parvizi

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Mr. Sherman has nothing to disclose.

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   Darren

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   D' Mello

3. Date  
   09-November-2020

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   Javad Parvizi

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. D'Mello has nothing to disclose.

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