

ICMJE DISCLOSURE FORM

Date: 1/7/2022
 Your Name: Antonia Chen
 Manuscript Title: _____
 Manuscript number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Clinical Process Improvement Leadership Program (CPIP), Foundation for Arthroplasty Research and Education, National Institutes of Health/NIAMS, The Knee Society, Vela Foundation, RIOS/Zimmer Biomet Clinical/Basic Science Research Grant, Orthopaedic Trauma Association, Agency for Healthcare Research and Quality (AHRQ) and Patient Centered Outcomes Research Initiative (PCORI) Large Conference Grant

			Program, AAOS BOS Quality and Patient Safety Action Fund, CMS, Avanos
3	Royalties or licenses	<input type="checkbox"/> None	Stryker, SLACK Incorporated, UpToDate
4	Consulting fees	<input type="checkbox"/> None	3M, Adaptive Phage Therapeutics, Avanos, BICMD, bOne, Convatec, Ethicon, GLG, Guidepoint, Heraeus, IrriMax, Pfizer, Stryker
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	AAOS, AJRR, AAHKS, European Knee Association
11	Stock or stock options	<input type="checkbox"/> None	bOne, Graftworx, Hyalex, IrriMax, Joint Purification Systems, Sonoran
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	Editorial boards - Journal of Arthroplasty; Clinical Orthopaedics and Related Research; Journal of Bone and Joint Infection; Journal of Bone and Joint Surgery; Knee Surgery, Sports Traumatology, Arthroscopy; Journal of Orthopaedic Research; Arthroplasty Today

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.