

ICMJE DISCLOSURE FORM

Date: 09.01.21

Your Name: Lauren Shapiro

Manuscript Title: Assessing the Effects of Orthopaedic Surgical Site Infections and Associated Complications on Long-term Healthcare Utilization and Cost

Manuscript number (if known): _____

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.	__x__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__x__ None	
3	Royalties or licenses	__x__ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	

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Date: 10.18.21

Your Name: Laura A. Graham, PhD, MPH

Manuscript Title: Assessing the Effects of Orthopaedic Surgical Site Infections and Associated Complications on Long-term Healthcare Utilization and Cost

Manuscript number (if known): _____

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 09.01.21

Your Name: Mary T. Hawn , MD

Manuscript Title: Assessing the Effects of Orthopaedic Surgical Site Infections and Associated Complications on Long-term Healthcare Utilization and Cost

Manuscript number (if known): _____

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3	Royalties or licenses	___None	

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8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
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13	Other financial or non-financial interests	___ None	

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ICMJE DISCLOSURE FORM

Date: 09.01.21

Your Name: Robin Kamal

Manuscript Title: Assessing the Effects of Orthopaedic Surgical Site Infections and Associated Complications on Long-term Healthcare Utilization and Cost

Manuscript number (if known): _____

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		National Institutes of Health K23AR073307 Grant	
		Orthopaedic Research and Education Foundation (OREF) - Mentored Clinician Scientist Grant #19-064	
Time frame: past 36 months			
2	Grants or contracts from	<input checked="" type="checkbox"/> None	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
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		Triple ring	
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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 (workgroup chair)	
		ASSH (workgroup chair)	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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