

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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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)

Joshua

2. Surname (Last Name)

Bindon

3. Date

26-April-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Neil Sheth

5. Manuscript Title

Enterointestinal fistula following antibiotic spacer placement for periprosthetic joint infection in a chronic pelvic discontinuity: a case report

6. Manuscript Identifying Number (if you know it)

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

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Joshua Bindon 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)
Agnes

2. Surname (Last Name)
Dardas

3. Date
25-April-2018

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

5. Manuscript Title
Enteroarticular fistula following antibiotic spacer placement
for periprosthetic joint infection in a chronic pelvic discontinuity: a case report

6. Manuscript Identifying Number (if you know it)

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Dr. Dardas 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) Daniel	2. Surname (Last Name) Gittings	3. Date 25-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Enteroarticular fistula following antibiotic spacer placement for periprosthetic joint infection in a chronic pelvic discontinuity: a case report		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Gittings has nothing to disclose.

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1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Klyde

3. Date
25-April-2018

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

5. Manuscript Title
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Daniel Klyde has nothing to disclose.

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Neil

2. Surname (Last Name)
Sheth

3. Date
25-April-2018

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

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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
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	publishing royalties
Medacta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid consultant
Smith and Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid consultant
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid consultant

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Dr. Sheth reports personal fees from Elsevier, personal fees from Medacta, personal fees from Smith and Nephew, personal fees from Zimmer, outside the submitted work; .

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