

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Instructions

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### 1. Identifying information.

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

### 5. Relationships not covered above.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Dagan

2. Surname (Last Name)  
Cloutier

3. Date  
22-October-2019

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

5. Manuscript Title  
Current Trends in Wound Closure and Postoperative Wound Management for Total Knee and Hip Replacement

6. Manuscript Identifying Number (if you know it)

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|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------|
| 1. Given Name (First Name)<br>Jana                                                                                           | 2. Surname (Last Name)<br>Flener | 3. Date<br>22-October-2019                          |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                  | Corresponding Author's Name<br>Dagan Cloutier, PA-C |
| 5. Manuscript Title<br>Current Trends in Wound Closure and Postoperative Wound Management for Total Knee and Hip Replacement |                                  |                                                     |
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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                      |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------|
| Ethicon        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Educator for Dermabond Prineo |

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

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|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| 1. Given Name (First Name)<br>Vasco                                                                                          | 2. Surname (Last Name)<br>Deon Kidd | 3. Date<br>22-October-2019                          |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                     | Corresponding Author's Name<br>Dagan Cloutier, PA-C |
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| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                 | Corresponding Author's Name<br>Dagan Cloutier, PA-C |
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| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                         | Corresponding Author's Name<br>Dagan Cloutier, PA-C |
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