ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. **The work under consideration for publication.**

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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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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathaniel</td>
<td>Osborn</td>
<td>14-February-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
A Simple Solution to a Complex Problem: Operating Room Traffic in Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-20-00015

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
☐ Yes  
✔ No

### Section 3. Relevant financial activities outside the submitted work.

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✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

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☐ Yes  
✔ No
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Section 6. Disclosure Statement

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Dr. Osborn 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)  Christopher
2. Surname (Last Name)  Hoehmann
3. Date  24-February-2020
4. Are you the corresponding author?  No
5. Manuscript Title  A Simple Solution to a Complex Problem: Operating Room Traffic in Total Joint Arthroplasty
6. Manuscript Identifying Number (if you know it)  JBJSOA-D-20-00015R1

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Hoehmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jonathon

2. Surname (Last Name)  
   Owens

3. Date  
   24-February-2020

4. Are you the corresponding author?  
   [ ] Yes  [x] No

Corresponding Author’s Name  
Nathaniel Osborn

5. Manuscript Title  
A Simple Solution to a Complex Problem: Operating Room Traffic in Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)  
JBJSOA-D-20-00015R1

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Richard  
2. Surname (Last Name)  
   McCormack  
3. Date  
   24-February-2020  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Nathaniel Osborn  
5. Manuscript Title  
   A Simple Solution to a Complex Problem: Operating Room Traffic in Total Joint Arthroplasty  
6. Manuscript Identifying Number (if you know it)  
   JBJSOA-D-20-00015R1

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