ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Michael
2. **Surname (Last Name)**
   - Fuchs
3. **Date**
   - 16-January-2020
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - High risk of aseptic loosening after revision total knee arthroplasty due to periprosthetic joint infection

### 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

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Are there any relevant conflicts of interest?  
- Yes
- No

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

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Dr. Fuchs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Müller

3. Date  
   16-January-2020

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Arne Kienzle

5. Manuscript Title  
High risk of aseptic loosening after revision total knee arthroplasty due to periprosthetic joint infection

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Philipp

2. Surname (Last Name)  
   von Roth

3. Date  
   16-January-2020

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

   Corresponding Author’s Name  
   Arne Kienzle

5. Manuscript Title  
   High risk of aseptic loosening after revision total knee arthroplasty due to periprosthetic joint infection

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Dr. von Roth has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sandy

2. Surname (Last Name)  
   Walter

3. Date  
   16-January-2020

4. Are you the corresponding author?  
   [ ] Yes  [x] No
   
   Corresponding Author’s Name  
   Arne Kienzle

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Miss Walter has nothing to disclose.

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Section 1. Identifying Information

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Tobias

2. Surname (Last Name) 
Winkler

3. Date 
16-January-2020

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Corresponding Author’s Name
Arne Kienzle

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**Grant:** A grant from an entity, generally (but not always) paid to your organization

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Section 1. Identifying Information

1. Given Name (First Name) Arne
2. Surname (Last Name) Kienzle
3. Date 16-January-2020

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

5. Manuscript Title
High risk of aseptic loosening after revision total knee arthroplasty due to periprosthetic joint infection

6. Manuscript Identifying Number (if you know it)

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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. Kienzle has nothing to disclose.

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