

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Carla Renata | 2. Surname (Last Name) Arciola | 3. Date 28-January-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Javad Parvizi |
| 5. Manuscript Title Team Approach: The Management of Infection After Total Knee Replacement | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Arciola has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas W

2. Surname (Last Name) Bauer

3. Date 27-February-2017

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

5. Manuscript Title Team Approach: The Management of Infection After Total Knee Replacement

6. Manuscript Identifying Number (if you know it) _____

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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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 |
|------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------|
| Stryker Orthopaedics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid consultant |
| Bio2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid consultant |
| Leica Biosystems | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid consultant |
| HealthpointCapital LLC | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid consultant |

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bauer reports personal fees from Stryker Orthopaedics, personal fees from Bio2, personal fees from Leica Biosystems, personal fees from HealthpointCapital LLC, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lawrence Scott
2. Surname (Last Name)
Levin
3. Date
03-February-2017
4. Are you the corresponding author? Yes No Corresponding Author's Name _____
5. Manuscript Title
Team Approach: The Management of Infection After Total Knee Replacement
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Levin 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)

Javad

2. Surname (Last Name)

Parvizi

3. Date

07-February-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Team Approach: The Management of Infection After Total Knee Replacement

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|------------------|
| Zimmer Biomet | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| ConvaTec | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| TissueGene | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| CeramTec | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Ethicon | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Journal of Arthroplasty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| Journal of Bone and Joint Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| Bone and Joint Journal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------|
| Eastern Orthopaedic Association | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| Muller Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| United Healthcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board Membership |
| Parvizi Surgical Innovations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| Hip Innovation Technology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| CD Diagnostics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| CorenTec | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership; Royalties |
| Alphaeon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| Joint Purification Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| Ceribell | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| MedAp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| MicroGenDx | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| Datatrace | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Royalties |
| Elsevier | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Royalties |
| Jaypee | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Royalties |
| Slack | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Royalties |
| Wolters Kluwer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Royalties |
| Cross Current Business Intelligence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| Invisible Sentinel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| Physician Recommended Nutraceuticals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |
| Intellijoint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ownership |

Section 4. Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|-----------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------|----------|
| 9,384,328 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi | |

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| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------|----------|
| WO2015164188A1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi | |
| ADVANCED BIOMATERIALS AND METHODS OF ATTACHING THERAPUTIC AGENTS THERTO | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi | |
| WO2010036930A1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi | |
| DIAGNOSIS AND TREATMENT OF ARTHROFIBROSIS DISEASES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi | |
| IMPLANTS FOR HIP ARTHOPLASTY AND METHODS OF USE THEREOF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi | |
| Methods utilizing D-dimer for diagnosis of periprosthetic joint infection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Javad Parvizi | |

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Dr. Parvizi reports personal fees from Zimmer Biomet, personal fees from ConvaTec, personal fees from TissueGene, personal fees from CeramTec, personal fees from Ethicon, other from Journal of Arthroplasty, other from Journal of Bone and Joint Surgery, other from Bone and Joint Journal, other from Eastern Orthopaedic Association, other from Muller Foundation, other from United Healthcare, other from Parvizi Surgical Innovations, other from Hip Innovation Technology, other from CD Diagnostics, personal fees and other from CorenTec, other from Alphaeon, other from Joint Purification Systems, other from Ceribell, other from MedAp, other from MicroGenDx, personal fees from Datatrace, personal fees from Elsevier, personal fees from Jaypee, personal fees from Slack, personal fees from Wolters Kluwer, other from Cross Current Business Intelligence, other from Invisible Sentinel, other from Physician Recommended Nutraceuticals, other from Intellijoint, outside the submitted work; In addition, Dr. Parvizi has a patent 9,384,328 issued to Javad Parvizi, a patent WO2015164188A1 issued to Javad Parvizi, a patent ADVANCED BIOMATERIALS AND METHODS OF ATTACHING THERAPUTIC AGENTS THERTO issued to Javad Parvizi, a patent WO2010036930A1 issued to Javad Parvizi, a patent DIAGNOSIS AND TREATMENT OF ARTHROFIBROSIS DISEASES issued to Javad Parvizi, a patent IMPLANTS FOR HIP ARTHOPLASTY AND METHODS OF USE THEREOF pending to Javad Parvizi, and a patent Methods utilizing D-dimer for diagnosis of periprosthetic joint infection pending to Javad Parvizi.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Javad Parvizi |
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