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.**

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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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**Royalties:** Funds are coming in to you or your institution due to your patent
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Philipp

2. Surname (Last Name)  
   Mommsen

3. Date  
   29-January-2017

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

   Corresponding Author’s Name  
   Javad Parvizi, MD, FRCS

5. Manuscript Title  
   Hip Synovial Cell Count Variability in Chronic Periprosthetic Joint Infection

6. Manuscript Identifying Number (if you know it)

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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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Dr. Mommsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Wael

2. Surname (Last Name)
   Barsoum

3. Date
   21-December-2016

4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name
   Javad Parvizi, MD, FRCS

5. Manuscript Title
   Hip Synovial Cell Count Variability in Chronic Periprosthetic Joint Infection

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes ☑ No

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Dr. Barsoum reports other from Active Implants, other from Cool Systems, other from Custom Orthopaedic Solutions, other from DJO, Inc., personal fees from Exactech, Inc., other from iVHR, other from KEF Healthcare, other from Orthosensor, other from Orthovita, other from Otismed, personal fees and other from Stryker, personal fees and other from Zimmer, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  Craig
2. Surname (Last Name)  Della Valle
3. Date  21-December-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Javad Parvizi, MD, FRCS
5. Manuscript Title  Hip Synovial Cell Count Variability in Chronic Periprosthetic Joint Infection
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- [x] No

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   Carlos  

2. Surname (Last Name)  
   Higuera  

3. Date  
13-January-2017  

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

   Corresponding Author’s Name  
   Javad Parvizi, MD, FRCS  

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Section 6. Disclosure Statement

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Dr. Higuera reports grants and personal fees from KCI, grants from Stryker, grants from CD Diagnostics, grants from Orthofix, grants from Cempra, grants from Cymedica, personal fees from Covance, grants from OREF, personal fees from Pfizer, personal fees from Zimmer Biomet, grants from Pacira, grants from Myoscience, outside the submitted work; .
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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
Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Kendoff
3. Date 21-December-2016
4. Are you the corresponding author? Yes
5. Manuscript Title Hip Synovial Cell Count Variability in Chronic Periprosthetic Joint Infection
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

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

Kendoff
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?

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Dr. Kendoff reports personal fees from Biomet, personal fees from Zimmer, 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)**
   - Tennison

2. **Surname (Last Name)**
   - Malcom

3. **Date**
   - 21-December-2016

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Hip Synovial Cell Count Variability in Chronic Periprosthetic Joint Infection

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

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Dr. Malcom has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Javad

2. Surname (Last Name)  
   Parvizi

3. Date  
   14-December-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Hip Synovial Cell Count Variability in Chronic Periprosthetic Joint Infection

6. Manuscript Identifying Number (if you know it)

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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.

|---------|----------|---------|-----------|------------|-----------|----------|----------|

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

5. Relationships not covered above.

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Definitions.

- **Entity**: government agency, foundation, commercial sponsor, academic institution, etc.
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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
Section 1. Identifying Information

1. Given Name (First Name) Scott
2. Surname (Last Name) Sporer
3. Date 21-December-2016
4. Are you the corresponding author? ☑ Yes  ❌ No

Corresponding Author’s Name
Javad Parvizi, MD, FRCS

5. Manuscript Title
Hip Synovial Cell Count Variability in Chronic Periprosthetic Joint Infection

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

If yes, please fill out the appropriate information below.

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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
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</tr>
</tbody>
</table>
Section 4. Intellectual Property -- Patents & Copyrights

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

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?

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✔ 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. Sporer reports other from American Joint Replacement Registry, other from Central Dupage Hospital, personal fees from DJ Orthopaedics, personal fees from Pacira, personal fees from SLACK Incorporated, personal fees from Smith & Nephew, other from Stryker, personal fees and other from Zimmer, outside the submitted work;.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Benjamin

2. Surname (Last Name)  
   Zmistowski

3. Date  
   21-December-2016

4. Are you the corresponding author?  
   - Yes  
   - ✔ No  
   Corresponding Author’s Name  
   Javad Parvizi, MD, FRCS

5. Manuscript Title  
   Hip Synovial Cell Count Variability in Chronic Periprosthetic Joint Infection

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- Yes  
- ✔ No

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Dr. Zmistowski has nothing to disclose.

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