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Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Abdel
3. Date 13-January-2016
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
   REPEAT 2-STAGE EXCHANGE ARTHROPLASTY FOR PERIPROSTHETIC KNEE INFECTION IS DEPENDENT ON HOST GRADE
6. Manuscript Identifying Number (if you know it)

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Dr. Abdel 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)  
Arlen

2. Surname (Last Name)  
Hanssen

3. Date  
13-January-2016

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

Corresponding Author’s Name  
Matthew P Abdel MD

5. Manuscript Title  
REPEAT 2-STAGE EXCHANGE ARTHROPLASTY FOR PERIPROSTHETIC KNEE INFECTION IS DEPENDENT ON HOST GRADE

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Dr. Hanssen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Keith

2. Surname (Last Name)  
   Fehring

3. Date  
   14-January-2016

4. Are you the corresponding author?  
   Yes    ✔  No

   Corresponding Author’s Name
   Matthew P Abdel MD

5. Manuscript Title  
   REPEAT 2-STAGE EXCHANGE ARTHROPLASTY FOR PERIPROSTHETIC KNEE INFECTION IS DEPENDENT ON HOST GRADE

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Dr. Fehring has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tr>
<td>Tad M.</td>
<td>Mabry</td>
<td>18-January-2016</td>
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</tbody>
</table>

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

5. Manuscript Title
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Dr. Mabry has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   matthieu

2. Surname (Last Name)
   Ollivier

3. Date
   12-April-2016

4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name
   Matthew P Abdel MD

5. Manuscript Title
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Dr. Ollivier has nothing to disclose.

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