ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Armin

2. Surname (Last Name)  
   Arshi

3. Date  
   09-March-2017

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-16-01332

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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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?  
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**Section 6. Disclosure Statement**

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Dr. Arshi has nothing to disclose.

**Evaluation and Feedback**

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## Section 1. Identifying Information

1. Given Name (First Name)  
   **Anthony**  

2. Surname (Last Name)  
   **D'Oro**  

3. Date  
   **09-March-2017**  

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

   **Corresponding Author's Name**  
   **Armin Arshi**  

5. Manuscript Title  
   **Outpatient total knee arthroplasty is associated with higher risk of perioperative complications**  

6. Manuscript Identifying Number (if you know it)  
   **JBJS-D-16-01332**  

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. D'Oro 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)**
   Natalie

2. **Surname (Last Name)**
   Leong

3. **Date**
   09-March-2017

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

   **Corresponding Author’s Name**
   Armin Arshi

5. **Manuscript Title**
   Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

6. **Manuscript Identifying Number (if you know it)**
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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
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</thead>
<tbody>
<tr>
<td>Frank</td>
<td>Petrigliano</td>
<td>09-March-2017</td>
</tr>
</tbody>
</table>

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

   Corresponding Author's Name  
   Armin Arshi

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

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Nelson

2. Surname (Last Name)  
   SooHoo

3. Date  
   09-March-2017

4. Are you the corresponding author?  
   - Yes
   - **No**
   
   **Corresponding Author’s Name**  
   Armin Arshi

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Dr. SooHoo has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey</td>
<td>Wang</td>
<td>09-March-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Armin Arshi

5. Manuscript Title  
Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-01332

## 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 [x]  

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

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   - No [x]  

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   - No [x]
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Jeffrey C. Wang has stock options from PearlDiver, Inc.

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Dr. Wang reports and Jeffrey C. Wang has stock options from PearlDiver, Inc.

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Section 1. Identifying Information

1. Given Name (First Name)  
Kristofer

2. Surname (Last Name)  
Jones

3. Date  
09-March-2017

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

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Dr. Jones has nothing to disclose.

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1. Given Name (First Name)  Zorica
2. Surname (Last Name)  Buser
3. Date  09-March-2017
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Armin Arshi
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Xenco Medical (consultancy), AO Spine (consultancy, past)

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Dr. Buser reports and Xenco Medical (consultancy), AO Spine (consultancy, past).

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<tr>
<td>2. Surname (Last Name)</td>
<td>Wang</td>
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