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)  
   Nora

2. Surname (Last Name)  
   Renz

3. Date  
   18-October-2017

4. Are you the corresponding author?  
   Yes  
   ✔  
   No

Corresponding Author’s Name  
Andrej Trampuz

5. Manuscript Title  
   Alpha defensin lateral flow test for diagnosis of periprosthetic joint infection: a screening or confirmatory test?

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01005

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Are there any relevant conflicts of interest?  
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.

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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 1. Identifying Information

1. Given Name (First Name)  
   Carsten  
2. Surname (Last Name)  
   Perka  
3. Date  
   18-October-2017  
4. Are you the corresponding author?  
   ☑ Yes  
5. Manuscript Title  
   Alpha defensin lateral flow test for diagnosis of periprosthetic joint infection: a screening or confirmatory test?  
6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01005  

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
☑ Yes  
If yes, please fill out the appropriate information below.

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Dr. Perka reports grants from Zimmer Biomet, during the conduct of the study; personal fees from Zimmer Biomet, outside the submitted work; .

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1. Given Name (First Name)  
   Andrej

2. Surname (Last Name)  
   Trampuz

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

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   Katsiaryna

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   Yermak

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