ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Damsgaard
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Damsgaard

3. Date  
03-May-2017

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

Corresponding Author’s Name  
Maureen Dwyer

5. Manuscript Title  
Laboratory Tests for Diagnosis Can Also Predict Outcomes of Two-Stage Exchange 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.

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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
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):

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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. Damsgaard has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Maureen

2. Surname (Last Name)  
Dwyer

3. Date  
02-May-2017

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

5. Manuscript Title  
Laboratory Tests for Diagnosis Can Also Predict Outcomes of Two-Stage Exchange in Chronic Periprosthetic Joint Infection

6. Manuscript Identifying Number (if you know it)

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☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Dwyer 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)  Damien
2. Surname (Last Name)  Lazar
3. Date  02-May-2017
4. Are you the corresponding author?  No
   - Corresponding Author’s Name  Maureen Dwyer
5. Manuscript Title  Laboratory Tests for Diagnosis Can Also Predict Outcomes of Two-Stage Exchange in Chronic Periprosthetic Joint Infection
6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

**Section 4. Intellectual Property -- Patents & Copyrights**

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Damien Lazar 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)  Hany
2. Surname (Last Name)  Bedair
3. Date  02-May-2017
4. Are you the corresponding author?  No
5. Manuscript Title  Laboratory Tests for Diagnosis Can Also Predict Outcomes of Two-Stage Exchange in Chronic Periprosthetic Joint Infection

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bedair 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)**  
   Carl  
2. **Surname (Last Name)**  
   Talmo  
3. **Date**  
   02-May-2017  
4. **Are you the corresponding author?**  
   ✔ No  
   **Corresponding Author’s Name**  
   Maureen Dwyer  
5. **Manuscript Title**  
   Laboratory Tests for Diagnosis Can Also Predict Outcomes of Two-Stage Exchange in Chronic Periprosthetic Joint Infection  
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Are there any relevant conflicts of interest?  

- [ ] Yes  
- ✔ No

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- ✔ No

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- [ ] Yes  
- ✔ No
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Dr. Talmo has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**
   03-May-2017

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   **Corresponding Author’s Name**
   Maureen Dwyer

5. **Manuscript Title**
   Laboratory Tests for Diagnosis Can Also Predict Outcomes of Two-Stage Exchange 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  
- [x] No

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- [x] No

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Jason Widibia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Eric  
2. Surname (Last Name)  
Smith  
3. Date  
02-May-2017  
4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Maureen Dwyer  
5. Manuscript Title  
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☑ Yes  ☐ No  
If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Smith reports grants and personal fees from Conformis, grants and personal fees from DePuy, grants from Stryker, grants from OMNI, outside the submitted work.

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Smith
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<tr>
<td>Gordon</td>
<td>Wong</td>
<td>02-May-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Maureen Dwyer

5. Manuscript Title
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