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.
2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.
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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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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Anchal
2. Surname (Last Name)  Bansal
3. Date  29-January-2018
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
   Risk of subsequent joint arthroplasty in the contralateral or a different joint following index shoulder, hip or knee arthroplasty: Association with index joint, demographic and patient-specific factors
6. Manuscript Identifying Number (if you know it)
   JBJS-D-17-00948R1

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.)?  ✔ Yes  No

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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<td>☐</td>
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<td>Funding was provided through a Washington University Institute of Clinical and Translational Sciences grant (UL1 TR000448) from the National Center for Advancing Translational Sciences of the National Institutes of Health, Grant R24 HS19455 through the Agency for Healthcare Research and Quality, and Grant KM1CA156708 from the National Cancer Institute of the National Institutes of Health</td>
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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  ✗ No

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Section 6. Disclosure Statement

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Dr. Bansal reports grants from National Institutes of Health, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Brophy
3. Date  29-January-2018
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Risk of subsequent joint arthroplasty in the contralateral or a different joint following index shoulder, hip or knee arthroplasty: Association with index joint, demographic and patient-specific factors

### 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.)?

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Dr. Brophy reports grants from National Institutes of Health, during the conduct of the study; other from Arthrex, outside the submitted work.

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Brophy
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Section 1. Identifying Information

1. Given Name (First Name)  
 Joseph

2. Surname (Last Name)  
 Lamplot

3. Date  
 29-January-2018

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

Corresponding Author’s Name  
 Robert H. Brophy

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Lamplot has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Joseph

2. Surname (Last Name)
   Nguyen

3. Date
   26-February-2018

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

   Corresponding Author’s Name
   Robert Brophy, MD

5. Manuscript Title
   Risk of subsequent joint arthroplasty in the contralateral or a different joint following index shoulder, hip or knee arthroplasty: Association with index joint, demographic and patient-specific factors

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With Grant support provided to his institution, Mr. Nguyen was supported in part by funds from the Clinical Translational Science Center (CTSC), National Center for Advancing Translational Sciences (NCATS) grant #UL1 RR024996. The content is solely the responsibility of the authors and does not necessarily represent the official views of the funding source NCATS based in Rockville, MD.
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