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”.
3. Relevant financial activities outside the submitted work.
   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
5. Relationships not covered above.
   Use this section to report 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.

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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>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Foltz</td>
</tr>
<tr>
<td>3. Date</td>
<td>09-July-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Javad Parvizi</td>
</tr>
</tbody>
</table>

5. Manuscript Title
   Perioperative Antibiotic Prophylaxis in Total Joint Arthroplasty: A Single-dose is as Effective as Multiple-doses

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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
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?

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Dr. Foltz has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Karan

2. Surname (Last Name)  
   Goswami

3. Date  
   09-July-2018

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Javad Parvizi

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Dr. Goswami has nothing to disclose.

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1. Given Name (First Name)  
   Javad

2. Surname (Last Name)  
   Parvizi

3. Date  
   09-July-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

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Dr. Parvizi reports personal fees from Zimmer Biomet, personal fees from ConvaTec, personal fees from TissueGene, personal fees from CeramTec, personal fees from Corentec, personal fees from Ethicon, personal fees from Tenor, personal fees from Heron, other from Eastern Orthopaedic Association, other from 3M, other from Muller Foundation, other from United Healthcare, other from Journal of Bone and Joint Surgery, personal fees from Data Trace, personal fees from Elsevier, personal fees from Jaypee Publishers, personal fees from SLACK Incorporated, personal fees from Wolters Kluwer, other from Parvizi Surgical Innovations, other from Hip Innovation Technology, other from Cross Current Business Intelligence, other from Alphaeon, other from Joint Purification Systems, other from Ceribell, other from MedAp, other from Physician Recommended Nutriceuticals, other from PRN-Veterinary, other from MDValuate, other from Intellijoint, other from MicroGenDx, outside the submitted work; In addition, Dr. Parvizi has a patent 9,384,328 issued to Javad Parvizi, a patent WO2015164188A1 issued to Javad Parvizi, a patent ADVANCED BIOMATERIALS AND METHODS OF ATTACHING THERAPUTIC AGENTS THERETO issued to Javad Parvizi, a patent WO2010036930A1 issued to Javad Parvizi, a patent DIAGNOSIS AND TREATMENT OF ARTHROFIBROSIS DISEASES issued to Javad Parvizi, a patent IMPLANTS FOR HIP ARTHROPLASTY AND METHODS OF USE THEREOF pending to Javad Parvizi, and a patent Methods utilizing D-dimer for diagnosis of periprosthetic joint infection pending to Javad Parvizi.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Alexander</td>
<td>Rondon</td>
<td>09-July-2018</td>
</tr>
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4. Are you the corresponding author?  
☐ Yes  ✔ No

5. Manuscript Title  
Perioperative Antibiotic Prophylaxis in Total Joint Arthroplasty: A Single-dose is as Effective as Multiple-doses

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Rondon 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)  Sean
2. Surname (Last Name)      Ryan
3. Date                     09-July-2018
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name
Javad Parvizi

5. Manuscript Title
Perioperative Antibiotic Prophylaxis in Total Joint Arthroplasty: A Single-dose is as Effective as Multiple-doses

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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Dr. Ryan 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) Thorsten
2. Surname (Last Name) Seyler
3. Date 09-July-2018
4. Are you the corresponding author? Yes No ✔ Corresponding Author’s Name Javad Parvizi
5. Manuscript Title Perioperative Antibiotic Prophylaxis in Total Joint Arthroplasty: A Single-dose is as Effective as Multiple-doses
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Are there any relevant conflicts of interest? Yes No ✔
If yes, please fill out the appropriate information below.

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Dr. Seyler reports other from Biomet, other from KCI, other from MedBlue Incubator Inc, personal fees from Pfizer, other from Reflexion Health Inc, personal fees from Smith & Nephew, personal fees from Total Joint Orthopedics, Inc, outside the submitted work; .

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<td>Javad Parvizi</td>
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1. Given Name (First Name) Timothy
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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. Tan has nothing to disclose.

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