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.

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3. Relevant financial activities outside the submitted work.

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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron</td>
<td>Casp</td>
<td>19-November-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Brian Werner

5. Manuscript Title
Peritoneal Dialysis Does Not Carry the Same Risk as Hemodialysis in Patients Undergoing Hip and Knee Arthroplasty

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

---

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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. Casp has nothing to disclose.

Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
Brian
2. Surname (Last Name)  
Werner
3. Date  
20-November-2018
4. Are you the corresponding author?  
Yes ☑ No
5. Manuscript Title  
Peritoneal Dialysis Does Not Carry the Same Risk as Hemodialysis in Patients Undergoing Hip and Knee Arthroplasty
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?  
Yes ☐ No ☑

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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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<th>Name of Entity</th>
<th>Grant?</th>
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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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Dr. Werner reports grants from Biomet, grants from Arthrex, grants from Integra, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Browne

3. Date  
20-November-2018

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

Corresponding Author’s Name  
Brian C Werner, MD

5. Manuscript Title  
Peritoneal Dialysis Does Not Carry the Same Risk as Hemodialysis in Patients Undergoing Hip and Knee Arthroplasty

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Dr. Browne reports grants and other from DJO Surgical, other from Journal of Arthroplasty, other from JBJS, other from Radlink, other from Saunders/Mosby-Elsevier, outside the submitted work.

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1. Given Name (First Name)  Jourdan
2. Surname (Last Name)  Cancienne
3. Date  19-November-2018
4. Are you the corresponding author?  No
   ✔
5. Manuscript Title
   Peritoneal Dialysis Does Not Carry the Same Risk as Hemodialysis in Patients Undergoing Hip and Knee Arthroplasty
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