ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Sander

2. Surname (Last Name)  
   Dijkstra

3. Date  
   26-September-2018

4. Are you the corresponding author?  
   No

   ✔ Yes

   Corresponding Author’s Name  
   P.T.J. Sanders

5. Manuscript Title  
   Multiflora and Gram-negative microorganisms predominate in infected pelvic endoprostheses

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00836

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

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><img src="get_comments_icon" alt="Comments" /></td>
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</table>

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Are there any relevant conflicts of interest?  
   ✔ Yes   No

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<th>Name of Entity</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Dijkstra reports grants from Implantcast, during the conduct of the study; grants from Impantcast, grants from National Cancer Fund (KWF), grants from Bontius stichting, outside the submitted work; .

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)  
   Gerard  
2. Surname (Last Name)  
   Schaap  
3. Date  
   26-July-2018  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Philip Sanders  
5. Manuscript Title  
   Multiflora and Gram-negative microorganisms predominate in infected pelvic endoprostheses  
6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00836

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Dr. Schaap has nothing to disclose.

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Scheper
Identifying Information

1. Given Name (First Name)  Henk
2. Surname (Last Name)  Scheper
3. Date  26-July-2018

4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name
Philip Sanders

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   Philip Sanders

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Dr. Bramer has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Michael

2. **Surname (Last Name)**
   - Bus

3. **Date**
   - 26-September-2018

4. **Are you the corresponding author?**
   - Yes ✔ No

5. **Manuscript Title**
   - Multiflora and Gram-negative microorganisms predominate in infected pelvic endoprostheses

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-18-00836

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- Yes ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Bus 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)  Mark
2. Surname (Last Name)  de Boer
3. Date  26-September-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Multiflora and Gram-negative microorganisms predominate in infected pelvic endoprostheses
6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00836

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Are there any relevant conflicts of interest?  Yes  No

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michiel

2. Surname (Last Name)  
   van de Sande

3. Date  
   26-September-2018

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

   Corresponding Author’s Name  
   P.T.J. Sanders

5. Manuscript Title  
   Multiflora and Gram-negative microorganisms predominate in infected pelvic endoprostheses

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00836

**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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   ✔ Yes  
   [ ] No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Daiichi Sankyo</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>National Cancer Fund (KWF)</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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Dr. van de Sande reports grants from Daiichi Sankyo, grants from National Cancer Fund (KWF), outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Philip
2. Surname (Last Name)  
   Sanders
3. Date  
   26-July-2018
4. Are you the corresponding author?  
   ✅ Yes    ☐ No
5. Manuscript Title  
   Multiflora and Gram-negative microorganisms predominate in infected pelvic endoprostheses
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1. Given Name (First Name)  Robert
2. Surname (Last Name)   van der Wal
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Corresponding Author’s Name
Philip Sanders

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