ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Javad

2. Surname (Last Name)  
Parvizi

3. Date  
20-March-2019

4. Are you the corresponding author?  
Yes ❑ No ❏

Corresponding Author’s Name  
Karan Goswami

5. Manuscript Title  
Polymyxin and Bacitracin in the Irrigation Solution Provide No Benefit For Bacterial Killing

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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Are there any relevant conflicts of interest?  
Yes ❑ No ❏

If yes, please fill out the appropriate information below.

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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
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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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?

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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. Parvizi reports other from Eastern Orthopaedic Association, 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 Alphaeon, other from Joint Purification Systems, other from Ceribell, other from Physician Recommended Nutriceuticals, other from PRN-Veterinary, other from MDValuate, other from Intellijoint, other from MicroGenDx, personal fees from Zimmer Biomet, personal fees from Stryker, personal fees from TissueGene, personal fees and other from Corentec, personal fees from Ethicon, personal fees from Tenor, personal fees from KCI, personal fees from Heraeus, personal fees from 3M, 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 THERAPEUTIC AGENTS THEREOF 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.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Jeongeun
2. Surname (Last Name)  Cho
3. Date  27-March-2019
4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Karan Goswami
5. Manuscript Title  Polymyxin and Bacitracin in the Irrigation Solution Provide No Benefit For Bacterial Killing
6. Manuscript Identifying Number (if you know it)

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Dr. Cho has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

Della Valle
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Craig

2. Surname (Last Name)  
Della Valle

3. Date  
27-March-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Karan Goswami

5. Manuscript Title  
Polymyxin and Bacitracin in the Irrigation Solution Provide No Benefit For Bacterial Killing

6. Manuscript Identifying Number (if you know it)

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

**Section 3. Relevant financial activities outside the submitted work.**

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If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Della Valle reports other from AAHKS, other from Arthritis Foundation, personal fees from DePuy, other from Hip Society, other from Knee Society, other from Mid America Orthopaedic Association, other from Orthopaedics Today, other from Parvizi Surgical Innovations, personal fees and other from SLACK Incorporated, personal fees and other from Smith & Nephew, other from Stryker, personal fees from Wolters Kluwer Health, personal fees and other from Zimmer, 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)  
   Yale

2. Surname (Last Name)  
   Fillingham

3. Date  
   27-March-2019

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

   Corresponding Author’s Name  
   Karan Goswami

5. Manuscript Title  
   Polymyxin and Bacitracin in the Irrigation Solution Provide No Benefit For Bacterial Killing

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?  
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Foltz
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Carol
2. Surname (Last Name)  Foltz
3. Date  27-March-2019

4. Are you the corresponding author?  ✔ No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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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  
   27-March-2019

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

5. Manuscript Title  
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Section 1. Identifying Information

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   Carlos

2. Surname (Last Name)  
   Higuera

3. Date  
   27-March-2019

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   ☑ Yes  No

   Corresponding Author’s Name  
   Karan Goswami

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KCI | ☐ | ✔ | ☐ | ☐ | Consultant; Paid Speaker; Research Support
Mid-American Orthopaedic Association | ☐ | ☐ | ☐ | ☐ | Board Member
MSIS | ☐ | ☐ | ☐ | ☐ | Board Member
OREF | ☐ | ☐ | ☐ | ✔ | Research Support
Orthofix, Inc. | ☐ | ☐ | ☐ | ✔ | Research Support
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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. Higuera reports other from AAHKS, other from American Journal of Orthopedics, other from CD Diagnostics, other from Cymedica, other from Ferring Pharmaceuticals, other from Journal of Hip Surgery, other from Journal of Knee Surgery, personal fees and other from KCI, other from Mid-American Orthopaedic Association, other from MSIS, other from OREF, other from Orthofix, Inc., other from PSI, other from Stryker, personal fees and other from Zimmer, outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. **Intellectual Property.**

   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.

**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant:** A grant from an entity, generally (but not always) paid to your organization
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- **Other:** Anything not covered under the previous three boxes
- **Pending:** The patent has been filed but not issued
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- **Royalties:** Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jorge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Manrique</td>
</tr>
<tr>
<td>3. Date</td>
<td>27-March-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔</td>
</tr>
</tbody>
</table>

**Corresponding Author's Name**

Karan Goswami

**Manuscript Title**

Polymyxin and Bacitracin in the Irrigation Solution Provide No Benefit For Bacterial Killing

**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 ✔ |

### 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.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes ✔
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- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Manrique has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Timothy

2. Surname (Last Name)  
   Tan

3. Date  
   27-March-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Karan Goswami

5. Manuscript Title  
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