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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## Section 1. Identifying Information

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

2. **Surname (Last Name)**
   - Touzard Romo

3. **Date**
   - 01-December-2015

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

   **Corresponding Author’s Name**
   - Kalpit N Shah

5. **Manuscript Title**
   - Total joint arthroplasty in patients with human immunodeficiency virus

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.

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Are there any relevant conflicts of interest?  
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## Section 4. Intellectual Property -- Patents & Copyrights

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Touzard Romo
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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. Touzard Romo has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee</td>
<td>Rubin</td>
<td>02-December-2015</td>
</tr>
</tbody>
</table>

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

4. Corresponding Author’s Name  
   - Kalpit N Shah

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

## Section 2. The Work Under Consideration for Publication

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Dr. Rubin reports and Royalty Agreement with SLACK, Inc. Publishers.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Kalpit  
2. Surname (Last Name)  
   Shah  
3. Date  
   30-November-2015  
4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No  
5. Manuscript Title  
   Total Joint Arthroplasty in Patients with Human immunodeficiency Virus  
6. Manuscript Identifying Number (if you know it)  

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Dr. Shah has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Jeremy

2. Surname (Last Name)
   Truntzer

3. Date
   03-December-2015

4. Are you the corresponding author?  
   ☐ Yes  ✔ No  
   Corresponding Author’s Name
   Kalpit N Shah

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