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.

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Mmampapatla Thomas
2. Surname (Last Name)  Ramokgopa
3. Date  23-January-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Dr Dimitri Dimotriou
5. Manuscript Title  HIV and Hip and Knee Arthroplasty - Critical Review of the Current Literature
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

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. Ramokgopa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Dick Ronald
2. Surname (Last Name) van der Jagt
3. Date  17-January-2017
4. Are you the corresponding author?  ✔ Yes  No

Corresponding Author’s Name  Dr Dimitri Dimitriou

5. Manuscript Title  Hiv and Hip and Knee Arthroplasty - Critical Review of the Literature

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.)?  ✔ Yes  No

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Section 6. Disclosure Statement

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Dr. van der Jagt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Dimitrios
2. Surname (Last Name)  Dimitriou
3. Date  10-January-2017
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
HIV and hip and knee arthroplasty – critical review of the current literature

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.)?

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Dr. Dimitriou has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jurek Rafal Tomasz

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

3. **Date**
   - 11-January-2017

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

5. **Manuscript Title**
   - HIV and hip and knee arthroplasty - critical review of the current literature

6. **Manuscript Identifying Number (if you know it)**

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Lipalo</td>
<td>Mokete</td>
<td>18-January-2017</td>
</tr>
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</table>

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

5. Manuscript Title  
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