ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Afshin
2. Surname (Last Name)      Anoushiravani
3. Date                    29-January-2018
4. Are you the corresponding author?  Yes ☐  No ☑
Corresponding Author’s Name
Richard Iorio
5. Manuscript Title
Team Approach: Perioperative Optimization for Total Joint Arthroplasty
6. Manuscript Identifying Number (if you know it)
REVIEWS-D-17-00147R1

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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. Anoushiravani has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Jeffrey

2. Surname (Last Name)  
Berger

3. Date  
26-February-2018

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

Corresponding Author’s Name  
Richard Iorio

5. Manuscript Title  
Team Approach: Perioperative Optimization for Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-17-00147R1

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
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Dr. Berger has nothing to disclose.

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<tbody>
<tr>
<td>James</td>
<td>Feng</td>
<td>29-January-2018</td>
</tr>
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</table>

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

Corresponding Author’s Name
Richard Iorio

5. Manuscript Title
Team Approach: Perioperative Optimization for Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-17-00147R1

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Dr. Feng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Richard
2. Surname (Last Name)  Iorio
3. Date  30-November-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Team Approach: Perioperative Optimization for Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-17-00147R1

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Dr. Iorio reports personal fees from Medtronic, grants from Bioventus, grants from Ferring Pharmaceuticals, personal fees from DJ Orthopaedics, other from Force Therapeutics, personal fees and other from MCS ActiveCare, personal fees and other from Muve Health, grants from Orthofix, grants from Orthosensor, grants and personal fees from Pacira, other from URX Mobile, grants from Vericel, other from Wellbe, outside the submitted work;.
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   Sherri

2. Surname (Last Name)  
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**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.

<table>
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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<tr>
<td>Emmi Solutions</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Consultant on patient education project for patients with knee and hip OA</td>
</tr>
</tbody>
</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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Dr. Weiser reports personal fees from Emmi Solutions, 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) 
   Milad

2. Surname (Last Name) 
   Nazemzadeh

3. Date 
   26-February-2018

4. Are you the corresponding author? 
   Yes ✔ No

3. Date 
   26-February-2018

5. Manuscript Title 
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Dr. Nazemzadeh 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)  
   David

2. Surname (Last Name)  
   Novikov

3. Date  
   29-January-2018

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

5. Manuscript Title  
   Team Approach: Perioperative Optimization for Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)  
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Dr. Novikov has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Oswald

3. Date  
   26-February-2018

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

   Corresponding Author’s Name  
   Richard Iorio

5. Manuscript Title  
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   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Oswald has nothing to disclose.

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<td>Wasterlain</td>
</tr>
<tr>
<td>3. Date</td>
<td>26-February-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>No</td>
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<tr>
<td>5. Manuscript Title</td>
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<td>Lofton</td>
<td>28-March-2018</td>
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4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Lofton has nothing to disclose.

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