

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Marie-Ève

2. Surname (Last Name)

Bolduc

3. Date

13-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr George Grammatopoulos

5. Manuscript Title

Contemporary Outcomes of Debridement, Antibiotics and Implant Retention (DAIR) in Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

AOJ-20-87

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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Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No

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Section 6. Disclosure Statement

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Dr. Bolduc has nothing to disclose.

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)

Daniel

2. Surname (Last Name)

Fischman

3. Date

13-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr George Grammatopoulos

5. Manuscript Title

Contemporary Outcomes of Debridement, Antibiotics and Implant Retention (DAIR) in Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

AOJ-20-87

Section 2. The Work Under Consideration for Publication

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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. Fischman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ben 2. Surname (Last Name) Kendrick 3. Date 19-May-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr George Grammatopoulos

5. Manuscript Title
Contemporary Outcomes of Debridement, Antibiotics and Implant Retention (DAIR) in Hip Arthroplasty

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

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Kendrick reports personal fees from Depuy, personal fees from Zimmer, personal fees from Corin, 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) Adrian 2. Surname (Last Name) Taylor 3. Date 13-May-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr George Grammatopoulos

5. Manuscript Title
Contemporary Outcomes of Debridement, Antibiotics and Implant Retention (DAIR) in Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)
AOJ-20-87

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Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fees for speaking
Corin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fees for speaking

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. Taylor reports personal fees from Depuy, personal fees from Corin, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) George

2. Surname (Last Name) Grammatopoulos

3. Date 13-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competitive grant, unrelated to the work

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. Grammatopoulos reports grants from Canadian Institutes of Health Research, outside the submitted work; .

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