

ICMJJE DISCLOSURE FORM

Date: 1st November 2024 _____

Your Name: Andreas Fontalis _____

Manuscript Title: Periprosthetic Joint Infections: Navigating Innovations and Potential Translation

Manuscript number (if known): BJR-2024-0295.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| Time frame: Since the initial planning of the work | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __X__ None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None | |
| | | | |
| 3 | Royalties or licenses | __X__ None | |
| | | | |
| 4 | Consulting fees | __X__ None | |
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| 5 | | __X__ None | |

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|----|--|--|--|
| | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | | EFORT Robotic Fellowship supported by Stryker |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | | Freemasons' Royal Arch Fellowship with support from the Arthritis Research Trust |
| | | Onassis Foundation Scholarship | Awarded the 2021/2022 Onassis Foundation Scholarship, supporting my PhD studies |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/31/2024

Your Name: Fares S. Haddad

Manuscript Title: Editorial: Periprosthetic Joint Infections: Navigating Innovations and Potential Translation

Manuscript Number (if known): BJR-2024-0295.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| | | Smith & Nephew to Fares S Haddad | |
| | | Stryker to Fares S Haddad | |
| | | Corin To Fares S Haddad | |
| | | MatOrtho to Fares S Haddad | |
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| | | Smith & Nephew | |
| | | Zimmer | |
| | | AO Recon Mathys | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | Stryker | |
| | | Mathys | |
| | | AO Recon Bone & Joint Journal | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, | <input type="checkbox"/> None | |
| | | Bone & Joint Journal Editorial Board | |

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| | society, committee or advocacy group, paid or unpaid | <table border="1"> <tr> <td>Incoming president International Hip Soc</td> <td></td> </tr> <tr> <td>Vice president European Hip Soc</td> <td></td> </tr> </table> | Incoming president International Hip Soc | | Vice president European Hip Soc | | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Dr Babar Kayani

Manuscript Title: Periprosthetic Joint Infections: Navigating Innovations and Potential Translation

Manuscript Number (if known): BJR-2024-0295.R1

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/1/2024

Your Name: Warran Wignadasan

Manuscript Title: Periprosthetic Joint Infections: Navigating Innovations and Potential Translation

Manuscript Number (if known): BJR-2024-0295.R1

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