

#### **Instructions**

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### Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

# 2. The work under consideration for publication.

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Geoffrey	2. Surname (Last Name) Tsaras	3. Effective Date (07-August-2008) 29-May-2012
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Utility of Intra-Operative Frozen Sectional Meta-Analysis	on HIstopathology in the Diagnosis of Prosthetic Joi	int INfectinos: A Systematic Review
6. Manuscript Identifying Number (if you	know it)	

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The Work Under Consideration (	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	$\checkmark$					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
O Datasets (planes ad spondings on						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	cancy on this line.	
Section 4						
Section 4. Other relationsh	nips					
Are there other relationships or activi			•	to have influenced, or th	at give the appearance of	:

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) West		3. Effective Date (07-August-2008) 29-May-2012
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Geoff Tsaras	me
5. Manuscript Title Utility Of Intra-O And Meta-Analys	perative Frozen Section	on Histopathology In The [	Diagnosis Of Prosthetic Joint	Infections: A Systematic Review
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The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	$\checkmark$					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>√</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
10. Payment for development of educational presentations	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Hide All Table Rows Checked 'No'

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murad 1



1. Given Name (First Name) Mohammad hassan	<ol><li>Surname (Last Name) murad</li></ol>	3. Effective Date (07-August-2008 29-May-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Geoff Tsaras
5. Manuscript Title Utility Of Intra-Operative Frozen Secti And Meta-Analysis	on Histopathology In The	Diagnosis Of Prosthetic Joint Infections: A Systematic Review

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					×
						ADD
2. Consulting fee or honorarium	<b>√</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>V</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
5. Payment for writing or reviewing the manuscript	<b>V</b>					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>					×

murad 2



The Work Under Consideration for Publication						
Туре	No	Money Paid to You		Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

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1. Board membership	<b>√</b>					
						7
2. Consultancy	<b>✓</b>					
						A
3. Employment	<b>✓</b>					
						A
1. Expert testimony	✓					
						A
5. Grants/grants pending	1					A
5. Payment for lectures including						
service on speakers bureaus	1					
						A
7. Payment for manuscript preparation	<b>V</b>					

murad 3

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Patents (planned, pending or issued)	<b>V</b>				
. Royalties	<b>V</b>				
. Payment for development of educational presentations	<b>✓</b>				
. Stock/stock options	<b>✓</b>				
. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>				
. Other (err on the side of full disclosure)	<b>/</b>				
This means money that your institution For example, if you report a consultance  Section 4. Other relationsl  The there other relationships or active	ry above	there is no i	need to report trave		
This means money that your institution For example, if you report a consultance of the co	nips ities that ote in the	readers costs submitte	ould perceive to h d work? at present a poter	ave influenced, or th	nat give the appearance of



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3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
5. Payment for writing or reviewing the manuscript	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
Ту	pe No			Name of Entity	Comments**		
		'				ADD	
7. Other	✓					×	
						ADD	

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						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	$\checkmark$					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Section 1. Identifying Info	mation	
1. Given Name (First Name)  AW ELE	2. Surname (Last Name) MADUKA - EZEH	3. Effective Date (07-August-2008) 6/8/2012 08 - June - 2012
4. Are you the corresponding author?	Yes No	08 - June - 2012
5. Manuscript Title evaluation a Systemat  6. Manuscript Identifying Number (if you	f intraoperative frozen: in the diagnosis of pro- ic review and meta-co knowit)	section histopathologic esthetic joint infection

# Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	X					× ADD		
2. Consulting fee or honorarium	X					×		
Support for travel to meetings for the study or other purposes	X					×		
						ADD		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	×					×		
						ADD		
5. Payment for writing or reviewing the manuscript	X					×		
						ADD		
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	X					×		



The Work Under	Consideration f	or Pub	lication				Seat L
Тур	e	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other							×
							ADD

#### Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	X					
. Consultancy	X					P
Employment	X					
. Expert testimony	X					
. Grants/grants pending	X					-
. Payment for lectures including service on speakers bureaus	X					
. Payment for manuscript preparation	X					A

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
2 2 12 22						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	X					×			
						ADD			
9. Royalties	X					×			
						ADD			
<ol> <li>Payment for development of educational presentations</li> </ol>	X					×			
cadeational presentations						ADD			
11. Stock/stock options						×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to	X					×			
activities listed**						ADD			
13. Other (err on the side of full	X					×			
disclosure)	A								
						ADD			

<sup>\*</sup> This means money that your institution received for your efforts.

# Section 4. Other relationships

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?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No

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AWELE MADUKA-EZH

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 



#### **Instructions**

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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Tad	rst Name)	2. Surname (Last Name) Mabry		3. Effective Date (07-August-2008) 30-May-2012
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar Geoff Tsaras	me
5. Manuscript Titl Utility of Intra-O and Meta-Analy	perative Frozen Section	on Histopathology in the Di	agnosis of Prosthetic Joint II	nfections: A Systematic Review
6. Manuscript Ide	ntifying Number (if you l	know it)	_	

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication									
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							ADD		

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>✓</b>					×		
						ADD		
2. Consultancy		<b>✓</b>		Zimmer, Inc.	New Total Knee Replacement System	×		
						ADD		
3. Employment	$\checkmark$					×		
						ADD		
4. Expert testimony	<b>✓</b>					×		
						ADD		
5. Grants/grants pending	$\checkmark$					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
Payment for development of educational presentations	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	
Section 4. Other relationsh	nips					

CO 10 10 10 10 10 10 10 10 10 10 10 10 10	
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### Other relationships.

Use this section to report 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.

Inwards



. Given Name (First Name) Carrie	2. Surname (Last Name) Inwards	3. Effective Date (07-August-200 29-May-2012
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Geoff Tsaras, MD
5. Manuscript Title Utility of Intra-operative Frozen Sect and Meta-analysis	ion Histopathology in the Di	iagnosis of Prosthetic Joint Infections: A Systamatic Review

Inwards

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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	V					×			
2. Consulting fee or honorarium	<b>7</b>					ADD X ADD			
3. Support for travel-to meetings for the study or other purposes	<b>✓</b>					×			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b></b>					×			
Payment for writing or reviewing the manuscript	<b>✓</b>					X ADD			
Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>					×			



The Work Under C	onsideration for Publi	cation			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity Comments**	
and the same of th	a Library Sand Story and		ALTERNATION OF THE PARTY OF THE	ADI	Ž
7. Other	<b>✓</b>			×	34, 4
				ADI	

#### Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Comments		
1. Board membership	7						×	
2. Consultancy	<b>✓</b>						ADD ADD	
3. Employment	1						×	
4. Expert testimony	<b>✓</b>						×	
5. Grants/grants pending	<b>✓</b>						ADD:	
<ol> <li>Payment for lectures including service on speakers bureaus</li> </ol>	<b>✓</b>						ADD X	
7. Payment for manuscript preparation	<b>7</b>						ADD ×	

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<sup>\*\*</sup> Use this section to provide any needed explanation.



- 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1						- Parent	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entit		Comi	nents
Patents (planned, panding or							
<ol> <li>Patents (planned, pending or issued)</li> </ol>	✓						
9. Royaltles	<b>V</b>						
	٠		_				
Payment for development of educational presentations	<b>V</b>						
Total Presentation							
Stock/stock options	<b>√</b>						
2. Travel/accommodations/							
meeting expenses unrelated to activities listed**	$\checkmark$						
<ol><li>Other (err on the side of full disclosure)</li></ol>	$\checkmark$						
* This means money that your institution ** For example, if you report a consultance	receive cy above	there is no	forts. need to report tr	evel related to	that consulta	ncy on this li	ne.
Section 4. Cther relations	hîps					1000000	
Are there other relationships or activ		nt readers c	ould perceive t	o have influer	nced, or that	give the a	ppearance
potentially influencing, what you wro							
✓ No other relationships/conditions	s/circur	nstances th	nat present a po	tential conflic	t of interest		
Yes, the following relationships/c	onditio	ns/circums	stances are pres	ent (explain b	elow):		
At the time of manuscript acceptance On occasion, journals may ask author							isclosure st
Hide All Ta				44400			





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Erwin 1



Section 1.	Identifying Infor	mation		
1. Given Name (First Name)  2. Surname (Last Name)  Patricia  Erwin			3. Effective Date (07-August-2008) 29-May-2012	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Geoff Tsaras	
5. Manuscript Title "Utility Of Intra-C Review And Met	Operative Frozen Sect	ion Histopathology In The	Diagnosis Of Prosthetic Joint	Infections: A Systematic
6. Manuscript Idei	ntifying Number (if you l	know it)		

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	<b>✓</b>					×	
						ADD	
2. Consulting fee or honorarium	<b>✓</b>					×	
						ADD	
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×	

Erwin 2



The Work Under Consideration for Publication							
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	$\checkmark$					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

Erwin 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					×	
						ADD	
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×	
						ADD	
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.		

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
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Hide All Table Rows Checked 'No'

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Erwin



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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Other relationships.

Use this section to report 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.



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Elie	2. Surname (Last Name) Berbari	3. Effective Date (07-August-2008) 30-May-2012
4. Are you the corresponding author?		orresponding Author's Name eoffrey Tsaras, MD
5. Manuscript Title The utility of intraoperative frozen sec	tion histopathology in the diag	nosis of PJI: A systematic review and metaanalysis
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration (	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	<b>✓</b>					×	
						ADD	

# **Section 3.** Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	<b>✓</b>					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	مطع ماء:	. cu b mitt	tod worls				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×	
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							

Coation 1							
Section 4.	Other relationships						
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?						
✓ No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):							
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement rnals may ask authors to disclose further information about reported relationships.						

Hide All Table Rows Checked 'No'

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#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



#### **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 four parts.

## 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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## 4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Infor	mation	
1. Given Name (First Name) 2. Surname (Last Name) Douglas Osmon		,	3. Effective Date (07-August-2008 09-July-2012
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Elie Berbari
5. Manuscript Title Utility of intra-o and meta-analys	perative frozen sectio	n histopathology in the dia	agnosis of prosthetic joint infections: a systematic review
6. Manuscript lder	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration (	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

#### Section 3. Relevant financial

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>√</b>					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

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#### **Evaluation and Feedback**

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