

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.

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.

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4. Other relationships.

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Kates 1



Section 1.	Identifying Info	mation	THE THE STANSFERS
1. Given Name (F Stephen	First Name)	2. Surname (Last Name) Kates	3. Effective Date (07-August-2008) 06-November-2012
4. Are you the co	orresponding author?	☐ Yes ✓ No	Corresponding Author's Name Edward Schwarz
5. Manuscript Tit Anti-Glucosam		rker of Staphylococcus a	ureus Infections in Orthopaedic Surgery Patients
6. Manuscript Ide	entifying 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 f	The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant			\checkmark	AOTrauma	Clinical Priority Program Pl	×				
					1808.	ADD				
2. Consulting fee or honorarium	✓					×				
						ADD				
Support for travel to meetings for the study or other purposes	\checkmark					×				
3. Support for travel to meetings for the study or other purposes	✓					×				
\$1000000000						ADD				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×				
						ADD				
5. Payment for writing or reviewing the manuscript	\checkmark					×				
						ADD				

Kates 2



The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
 Provision of writing assistance, medicines, equipment, or administrative support 	V					×				
7. Other	✓					ADD				
						ADD				

Section 3. 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	Comments			
1. Board membership	V					×		
						ADD		
2. Consultancy		\checkmark		Medimmune	honorarium	×		
2. Consultancy		\checkmark		Surgical Excellence	consulting fee	×		
2. Consultancy		\checkmark		Intramed Education	Education Consulting	×		
						ADD		
3. Employment		✓		Sage Publications	Editor	×		
						ADD		
4. Expert testimony	\checkmark					×		
						ADD		
5. Grants/grants pending		\checkmark	\checkmark	AHRQ		×		

Kates 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



	Type of Relationship (in alphabetical order)	No	Money Paid to	Money to Your	Entity	Comments	
	7-1-2 3/3/16 W. 102-3-3.		You	Institution*	Countries of the Countr		
	Grants/grants pending			✓	Synthes NIH/NIAMS		×
	Grants/grants pending Grants/grants pending			✓	OREF		×
	Grants/grants pending Grants/grants pending			√	AOTrauma		
•	crants, grants perially	ш		<u></u>			ADD
	Payment for lectures including service on speakers bureaus	√					×
	Payment for manuscript preparation	✓					ADD ×
	Patents (planned, pending or issued)	✓					ADD ×
).	Royalties	✓					X ADD
	Payment for development of educational presentations		✓		Intramed Education		ADD ×
۱.	Stock/stock options	✓					ADD ×
2.	Travel/accommodations/ meeting expenses unrelated to activities listed**	V					X X
3.	Other (err on the side of full disclosure)	✓					ADD ×

^{*} 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.



Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
3 <u>— 3</u> 16 Accessor	eationships/conditions/circumstances that present a potential conflict of interest owing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No' SAVE

Evaluation and Feedback

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Hunter



Section 1.	Identifying Info	mation	2000年1月1日日本中国大学
1. Given Name (F Joshua	irst Name)	2. Surname (Last Name) Hunter	3. Effective Date (07-August-2008 15-November-2012
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Edward Schwarz
5. Manuscript Tit Anti-Glucosami		rker of Staphylococcus au	reus Infections in Orthopaedic Surgery Patients
6. Manuscript Ide	entifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

Hunter

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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	√					× ADD			
2. Consulting fee or honorarium	✓					× ADD			
3. Support for travel to meetings for the study or other purposes	✓					×			
4. Fees for participation in review						ADD			
activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×			
5 Daymont formulation and advisor					(*)	ADD			
Payment for writing or reviewing the manuscript	✓					×			
Provision of writing assistance, medicines, equipment, or administrative support	V					× ×			



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	\checkmark					×			
						ADD			

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Relevant financial activities out	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	V					×			
2. Consultancy	/					ADD X			
3. Employment	\checkmark					ADD ×			
4. Expert testimony	/					ADD ×			
5. Grants/grants pending	/					ADD X			
Payment for lectures including service on speakers bureaus	/					ADD ×			
7. Payment for manuscript preparation	V					ADD ×			

Hunter

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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	
Patents (planned, pending or issued)	V					ADD X
9. Royalties	✓					X ADD
Payment for development of educational presentations	✓					×
11. Stock/stock options	✓					× ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
13. Other (err on the side of full disclosure)	✓					X ADD
* This means money that your institution ** For example, if you report a consultance	received cy above	for your ef there is no	fforts. need to report	ravel related to that consu	Itancy on this line.	
Section 4. Other relations	nips		1997	P. 80 T. 19 S. 30	Shear to	
Are there other relationships or active potentially influencing, what you wro	ities tha ote in th	t readers o e submitt	could perceive ed work?	to have influenced, or th	nat give the appearance o	of
No other relationships/condition Yes, the following relationships/c					est	
At the time of manuscript acceptance On occasion, journals may ask autho	e, journ rs to dis	als will ask close furth	authors to co ner information	nfirm and, if necessary, un about reported relation	pdate their disclosure stanships.	atement
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Section 1.	Identifying Infor	mation	NAME OF TAXABLE PARTY.
1. Given Name (F John	irst Name)	2. Surname (Last Name Varrone	3. Effective Date (07-August-2008) 15-November-2012
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Edward Schwarz
Manuscript Tit Anti-Glucosami		rker of Staphylococcus a	ureus Infections in Orthopaedic Surgery Patients
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The Work Under Consideration						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					X ADD
2. Consulting fee or honorarium	✓					×
Support for travel to meetings for the study or other purposes	✓					ADD X
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					× ×
Payment for writing or reviewing the manuscript	✓					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support Varrone	V					X X

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

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Relevant financial activities out						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
2. Consultancy	/					ADE X
3. Employment	\checkmark					ADE ×
4. Expert testimony	✓					ADE ×
5. Grants/grants pending	✓					ADE X
Payment for lectures including service on speakers bureaus	V					ADD ×
Payment for manuscript preparation	✓					ADD ×

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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)	V					ADD ×				
9. Royalties	V					ADD ×				
10. Payment for development of educational presentations	✓					ADD ×				
11. Stock/stock options	✓					ADD X				
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					× ×				
13. Other (err on the side of full disclosure)	✓					ADD ×				
* This means money that your institution ** For example, if you report a consultance				avel related to that consult	ancy on this line.	ADD				
Section 4. Other relationsh	ips	THE R	150 150	CANADA TA	LANCE OF THE STATE	34				
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or th	at give the appearance of					
✓ No other relationships/conditions	/circum	stances th	at present a po	otential conflict of intere	st					
Yes, the following relationships/co										
At the time of manuscript acceptance On occasion, journals may ask author						ements.				
Hide All Ta	ole Row	s Checkec	d'No'	SAVE						



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Daiss 1

Section 1.	Identifying Info	mation	VOLUME OF STREET
1. Given Name (F John	First Name)	2. Surname (Last Name) Daiss	3. Effective Date (07-August-2008) 15-November-2012
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Author's Name Edward Schwarz
Manuscript Tit Anti-Glucosami		rker of Staphylococcus au	reus Infections in Orthopaedic Surgery Patients
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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	√					X ADD
2. Consulting fee or honorarium		\checkmark		Codevax, Inc.	Paid Consultant	× ADD
3. Support for travel to meetings for the study or other purposes	✓					×
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	/					X
5. Payment for writing or reviewing the manuscript	V					×
Provision of writing assistance, medicines, equipment, or administrative support	✓					× ×
Daiss						- 2

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

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1. Board membership	V					×					
						ADD					
2. Consultancy		✓		Calorics, Inc.	Paid Consultant	×					
						ADD					
3. Employment	\checkmark					×					
						ADD					
4. Expert testimony	✓					×					
						ADD					
5. Grants/grants pending	✓					×					
						ADD					
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						ADD					
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Relevant financial activities out	Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments						
The second secon						ADD					
Patents (planned, pending or issued)	✓					×					
9. Royalties	✓					ADD X					
						ADD					
Payment for development of educational presentations	✓					×					
11 Carl (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						ADD					
11. Stock/stock options	✓					ADD					
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×					
13. Other (err on the side of full disclosure)	✓					ADD ×					
* This means money that your institution ** For example, if you report a consultanc				avel related to that consult	ancy on this line.	ADD					
Section 4. Other relationsh	iips	Wille.	PANTES	Walter Bridge		NE LE					
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or the	at give the appearance o	of					
✓ No other relationships/conditions	/circum	stances th	at present a po	otential conflict of intere	st						
Yes, the following relationships/co											
At the time of manuscript acceptance On occasion, journals may ask author	e, journa s to disc	ils will ask close furth	authors to con er information	firm and, if necessary, up about reported relations	odate their disclosure sta ships.	itements.					
Hide All Tal	ble Row	s Checke	d 'No'	SAVE							

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Section 1.	Identifying Infor	mation	IN SOCIETY OF STREET
1. Given Name (Fi Nina	irst Name)	2. Surname (Last Name) Gedbjerg	3. Effective Date (07-August-2008) 16-November-2012
4. Are you the cor	rresponding author?	☐Yes ✓ No	Corresponding Author's Name Edward Schwarz
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6. Manuscript Ide	ntifying Number (if you l	know it)	

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3	The Work Under Consideration f	or Pub	lication	10000	ESSAS WESTER	STATE OF THE STATE	- 70-71
1	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1	. Grant		V		University of Aarhus Research Foundation		×
							ADD
2	. Consulting fee or honorarium	\checkmark					×
							ADD
3	. Support for travel to meetings for the study or other purposes	✓					×
							ADD
4	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
							ADD
5	. Payment for writing or reviewing the manuscript	V					×
							ADD



The Work Under Consideration	for Pub	lication	HORS VILL	Land Wall		
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
 Provision of writing assistance, medicines, equipment, or administrative support 	V					×
			_			ADD
7. Other	\checkmark					X 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 out	side th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	1					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×

Gedbjerg

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



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

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	V					ADD ×
Patents (planned, pending or issued)	V					ADD ×
9. Royalties	V					ADD ×
Payment for development of educational presentations	V					× ×
11. Stock/stock options	V					ADD ×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V					× ×
Other (err on the side of full disclosure)	V					ADD ×
* This means money that your institution ** For example, if you report a consultance				el related to that consulta	ncy on this line.	ADD
Section 4. Other relationsh	nips			A (W/L 20	AND PARK	NT-ST
Are there other relationships or activi potentially influencing, what you wro	ties that	readers co	ould perceive to h	ave influenced, or that	give the appearance of	of



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.

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.

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 (F Rachel	irst Name)	2. Surname (Last Name) LaRosa	3. Effective Date (07-August-2008) 15-November-2012
4. Are you the co	rresponding author?	Yes Vo	Corresponding Author's Name Edward Schwarz
Manuscript Tit Anti-Glucosami		rker of Staphylococcus au	reus Infections in Orthopaedic Surgery Patients
6. Manuscript Ide	entifying 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...)?

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
8.0 76 0 6	19 <u>22-1-1</u>	-	79			ADD
2. Consulting fee or honorarium	✓					×
2 Support for travel to most in sections						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	✓					×
LaRosa						2



The Work Under Cons	ideration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
* This manner was a that						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.

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

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or			_			ADD
issued)	✓					×
9. Royalties	V					ADD
		_				ADD
 Payment for development of educational presentations 	✓					×
11. Stock/stock options	✓					ADD ×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					× ×
 Other (err on the side of full disclosure) 	V					ADD ×
* This means money that your institution ** For example, if you report a consultance	received by above t	for your eff here is no r	orts. need to report tr	avel related to that consult	ancy on this line.	ADD
Section 4. Other relationsh	nips		0-0		NEW COLUMNS	28A-8
Are there other relationships or activi potentially influencing, what you wro	ties that te in the	readers co submitte	ould perceive to d work?	o have influenced, or tha	at give the appearance o	f
✓ No other relationships/conditions	/circums	stances tha	at present a po	tential conflict of interes	t	
Yes, the following relationships/co						
At the time of manuscript acceptance On occasion, journals may ask author	e, journal s to discl	s will ask a ose furthe	outhors to conf or information a	irm and, if necessary, up about reported relations	date their disclosure stathings.	tements.
Hide All Tal	ole Rows	s Checked	'No'	SAVE		



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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.

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.

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.

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.

Schwarz 1

Section 1.	Identifying In	formation	
1. Given Name (F Edward	irst Name)	2. Surname (Last Name) Schwarz	3. Effective Date (07-August-2008) 05-November-2012
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Tit Anti-Glucosami		marker of Staphylococcus aureus Infection	s in Orthopaedic Surgery Patients
6. Manuscript Ide	entifying Number (if y	ou 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...)?

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			V	AOTrauma Foundation Clinical Priority Program on Bone Infection	Salary and research support	×
1. Grant			✓	Public Health Service Award, NIAMS, P30 AR061307	Salary and research support	×
1. Grant			\checkmark	Codevax, Inc.	Research support	×
2. Consulting fee or honorarium	✓					ADD X
Support for travel to meetings for the study or other purposes	V					×
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					X X



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
Payment for writing or reviewing the manuscript	\checkmark					×		
						ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 	V					×		
						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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	V					
2. Consultancy		\checkmark		Medimmune, Inc.	honerarium <\$2,500	
3. Employment	✓					
. Expert testimony	✓					

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out					m = 5 % - 2 = 24 - 1	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	√					×
Payment for lectures including service on speakers bureaus	✓					ADD ×
7. Payment for manuscript preparation	V					ADD ×
Patents (planned, pending or issued)		✓	✓	Pending Patents	The University of Rochester has filed patent applications to protect 1C11 and 4A12 anti-Gmd mAb	ADD ×
9. Royalties	V					ADD ×
Payment for development of educational presentations	V					ADD ×
11. Stock/stock options		\checkmark		LAGeT Inc.	Stock	ADD ×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					X X
13. Other (err on the side of full disclosure)	V					ADD ×
						ADD

^{*} 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.



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 follo	wing relationships/conditions/circumstances are present (explain below):
I am a Founder o	of Telephus Medical LLC., which is attempting to commercialize anti-Gmd mAb.
	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' SAVE

Evaluation and Feedback

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