

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|----------------------------------|--|
| 1. Given Name (First Name) Matthew | 2. Surname (Last Name) Boylan | 3. Date 13-February-2015 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Michael A. Mont |
| 5. Manuscript Title Hepatitis C and Total Joint Arthroplasty | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Matthew Boylan has nothing to disclose.

Evaluation and Feedback

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| | | |
|--|--------------------------------|--|
| 1. Given Name (First Name) Kimona | 2. Surname (Last Name) Issa | 3. Date 13-February-2015 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Michael A. Mont |
| 5. Manuscript Title Hepatitis C and Total Joint Arthroplasty | | |
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Dr. Issa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Aditya

2. Surname (Last Name)

Maheshwari

3. Date

13-February-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Michael A. Mont

5. Manuscript Title

Hepatitis C and Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Maheshwari has nothing to disclose.

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| | | |
|--|----------------------------------|--|
| 1. Given Name (First Name) Qais | 2. Surname (Last Name) Naziri | 3. Date 13-February-2015 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Michael A. Mont |
| 5. Manuscript Title Hepatitis C and Total Joint Arthroplasty | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Dr. Naziri has nothing to disclose.

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| | | |
|--|------------------------------------|--|
| 1. Given Name (First Name) Dean | 2. Surname (Last Name) Perfetti | 3. Date 13-February-2015 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Michael A. Mont |
| 5. Manuscript Title Hepatitis C and Total Joint Arthroplasty | | |
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Dean Perfetti has nothing to disclose

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)

Michael

2. Surname (Last Name)

Mont

3. Date

13-February-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Hepatitis C and Total Joint Arthroplasty

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 (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

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 publication**.

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 |
|---------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Stryker | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wright Medical Technology, Inc. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| DJ Orthopaedics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Janssen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Joint Active Systems | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medical Compression Systems | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medtronic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sage Products, Inc. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| TissueGene | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| National Institutes of Health (NIAMS&NICHHD) | <input checked="" type="checkbox"/> | <input 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

Section 5. Relationships not covered above

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?

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

Medical?Orthopaedic publications editorial/governing board: American Journal of Orthopedics, Journal of Arthroplasty, Journal of Bone and Joint Surgery (American), Journal of Knee Surgery, Orthopedics, Surgical Techniques International.
Board member/committee appointments for a society: AAOS

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.

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mont reports grants and personal fees from Stryker, grants and personal fees from Wright Medical Technology, Inc., grants and personal fees from DJ Orthopaedics, personal fees from Janssen, grants and personal fees from Joint Active Systems, personal fees from Medical Compression Systems, personal fees from Medtronic, grants and personal fees from Sage Products, Inc., grants and personal fees from TissueGene, grants from National Institutes of Health (NIAMS&NICHD), outside the submitted work; and Medical?Orthopaedic publications editorial/governing board: American Journal of Orthopedics, Journal of Arthroplasty, Journal of Bone and Joint Surgery (American), Journal of Knee Surgery, Orthopedics, Surgical Techniques International.
Board member/committee appointments for a society: AAOS.

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