ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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".

3. Relevant financial activities outside the submitted work.

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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. Intellectual Property.

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

5. Relationships not covered above.

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.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations
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
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Brett
2. Surname (Last Name): Levine
3. Date: 24-November-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Peter Chalmers

5. Manuscript Title: Is there a role for synovial aspiration in the diagnosis of aseptic loosening after total knee 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
Baxter	☐	☑	☐	☐	Consultant
Biomet	☑	☐	☐	☐	Research support
Conmed Linvatex	☐	☑	☐	☐	Consultant
CORD	☐	☐	☐	☑	Board or committee member
Human kinetics	☐	☐	☐	☑	Editorial or governing board
Janssen Pharmaceuticals	☐	☑	☐	☐	Consultant
Orthoview	☐	☑	☐	☐	Consultant
SLACK Incorporated	☐	☐	☐	☑	Editorial or governing board

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Zimmer	☑	☑	☐	☐	Consultant, Research Support	

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

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

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Section 6. Disclosure Statement

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Dr. Levine reports personal fees from Baxter, grants from Biomet, personal fees from Conmed Linvatex, other from CORD, other from Human kinetics, personal fees from Janssen Pharmaceuticals, personal fees from Orthoview, other from SLACK Incorporated, grants and personal fees from Zimmer, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): David
2. Surname (Last Name): Walton
3. Date: 24-November-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Peter Chalmers

5. Manuscript Title: Is there a role for synovial aspiration in the diagnosis of aseptic loosening after total knee arthroplasty?

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

Section 2. The Work Under Consideration for Publication

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

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Dr. Walton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Peter
2. Surname (Last Name): Chalmers
3. Date: 24-November-2014

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Is there a role for synovial aspiration in the diagnosis of aseptic loosening after total knee 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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Dr. Chalmers has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Scott
2. Surname (Last Name): Sporer
3. Date: 24-November-2014

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Peter Chalmers

5. Manuscript Title: Is there a role for synovial aspiration in the diagnosis of aseptic loosening after total knee arthroplasty?

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Joint Replacement Registry	☐	☐	☐	☑	Board or committee member
Central Dupage Hospital	☑	☐	☐	☐	Research support
Hip Society	☐	☐	☐	☑	Board or committee member
SLACK Incorporated	☐	☑	☐	☐	Publishing royalties
Smith & Nephew	☐	☑	☐	☐	Consultant
Zimmer	☑	☑	☐	☐	Consultant, Research support

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