

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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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)  
Abdel

3. Date  
13-January-2016

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

5. Manuscript Title  
REPEAT 2-STAGE EXCHANGE ARTHROPLASTY FOR PERIPROSTHETIC KNEE INFECTION IS DEPENDENT ON HOST GRADE

6. Manuscript Identifying Number (if you know it)

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Dr. Abdel 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)

Arlen

2. Surname (Last Name)

Hanssen

3. Date

13-January-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Matthew P Abdel MD

5. Manuscript Title

REPEAT 2-STAGE EXCHANGE ARTHROPLASTY FOR PERIPROSTHETIC KNEE INFECTION IS DEPENDENT ON HOST GRADE

6. Manuscript Identifying Number (if you know it)

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Dr. Hanssen 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)  
Keith

2. Surname (Last Name)  
Fehring

3. Date  
14-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Matthew P Abdel MD

5. Manuscript Title  
REPEAT 2-STAGE EXCHANGE ARTHROPLASTY FOR PERIPROSTHETIC KNEE INFECTION IS DEPENDENT ON HOST GRADE

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)  
Tad M.

2. Surname (Last Name)  
Mabry

3. Date  
18-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Matthew P Abdel MD

5. Manuscript Title  
REPEAT 2-STAGE EXCHANGE ARTHROPLASTY FOR PERIPROSTHETIC KNEE INFECTION IS DEPENDENT ON HOST GRADE

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) matthieu	2. Surname (Last Name) Ollivier	3. Date 12-April-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew P Abdel MD
5. Manuscript Title REPEAT 2-STAGE EXCHANGE ARTHROPLASTY FOR PERIPROSTHETIC KNEE INFECTION IS DEPENDENT ON HOST GRADE		
6. Manuscript Identifying Number (if you know it)  		

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