

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.

Identifying information.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Hanssen 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Arlen	rst Name)	2. Surname (Last Nam Hanssen		3. Date 21-April-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nam Tad Mabry	ne
5. Manuscript Title Morbid Obesity:		or for Failure of Two-St	age Revision THA for Infection	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Pu	blication	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grant	s, data monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside tl	ne submitted work.	
of compensation clicking the "Add Are there any rele) with entities as descri	ibed in the instructions port relationships that est? Yes N	. Use one line for each entity; ac were present during the 36 m	ntionships (regardless of amount dd as many lines as you need by onths prior to publication.
Name of Entity		Grant? Personal Fees?	Non-Financial Other? Com	nments
Stryker Orthopaedics				
Section 4.	Intellectual Proper	rty Patents & Cop	yrights	
Do you have any	•	•	, broadly relevant to the work?	☐ Yes 🗸 No

Hanssen 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
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	e works for has receives research funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker A), and Biomet (Warsaw, IN, USA).
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
•	orts personal fees from Stryker Orthopaedics, outside the submitted work; and the institution he works for earch funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker (Mahwah, NJ, USA), and IN, USA)

Evaluation and Feedback

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Hanssen 3



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Houdek 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Matthew	2. Surname (Last Name) Houdek	3. Date 11-April-2014			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Tad Mabry			
5. Manuscript Title Morbid Obesity: A Significant Risk Fact	or for Failure of Two-Stage	Revision THA for Infection			
6. Manuscript Identifying Number (if you k	now it)				
Section 2. The Work Under C	Consideration for Public	cation			
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 V					
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 Vo					
Section 4. Intellectual Prope	rty Patents & Copyri	ghts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

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Lewallen 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi David	rst Name)	2. Surname (L Lewallen	ast Name)		3. Date 21-April-	2014	
4. Are you the corresponding author?		Yes ✓	No	Corresponding Au	ithor's Name		
5. Manuscript Title Morbid Obesity: A Significant Risk Factor for Failure of Two-Stage Revision THA for Infection							
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Section 2.	The Work Under Co	onsideration	for Public	ation			
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Section 3.	Relevant financial	activities ou	tside the s	ubmitted work			
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Name of Entity		Grant•		-Financial Othe	comments		
Zimmer Orthopedics			✓				
Section 4.	lutulla de la Dece	to Detect	8 C				
	Intellectual Proper		., 5				
Do you have any	patents, whether plan	ned, pending o	or issued, bro	oadly relevant to t	he work? Yes	✓ No	

Lewallen 2



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· ·	ts personal fees from Zimmer Orthopedics, outside the submitted work; and the institution he works for rch funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker (Mahwah, NJ, USA), and N, USA)

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Mabry 1



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Tad	2. Surname (Last Name) Mabry	3. Date 21-April-2014			
4. Are you the corresponding author?	✓ Yes No				
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	eceive payment or services from a third party (governmenting but not limited to grants, data monitoring board, studerest? Yes 🗸 No				
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Mabry 2



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Osmon 1



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5. Manuscript Title Morbid Obesity: A	ላ Significant Risk Facto	or for Failure of Two-Stage	e Revision THA for Infection		
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C. dies 2					
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Are there any fele	vant connicts of intere	est? Yes ✓ No			
Continue A					
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Do you have any p	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No		

Osmon 2



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4. Intellectual Property.

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

Relationships not covered above.

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Definitions.

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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

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Royalties: Funds are coming in to you or your institution due to your patent

Wagner 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fil	rst Name)	2. Surname (Last Name) Wagner	3. Date 21-April-2014	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Tad Mabry	
5. Manuscript Title Morbid Obesity:		or for Failure of Two-Stage	Revision THA for Infection	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3.	Polovant 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 Vo				
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Wagner 2



Section 5.					
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 follow	wing relationships/conditions/circumstances are present (explain below):				
No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
	as received research funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, USA), Stryker (Mahwah, met (Warsaw, IN, USA).				
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.				
Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
	rts and the institution has received research funding from DePuy (Warsaw, IN, USA), Zimmer (Warsaw, IN, ahwah, NJ, USA), and Biomet (Warsaw, IN, USA).				

Evaluation and Feedback

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Wagner 3



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.

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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Watts 1



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1. Given Name (First Name) Chad	2. Surname (Last Name) Watts	3. Date 21-April-2014	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Tad Mabry	
5. Manuscript Title Morbid Obesity: A Significant Risk Factor for Failure of Two-Stage Revision THA for Infection			
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	Consideration for Public	cation	
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Section 3. Relevant financial	activities outside the	submitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No	

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Section 5.		
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Watts 3