

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Armin

2. Surname (Last Name)
Arshi

3. Date
09-March-2017

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

5. Manuscript Title
Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

6. Manuscript Identifying Number (if you know it)
JBJS-D-16-01332

Section 2. The Work Under Consideration for Publication

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Dr. Arshi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Anthony

2. Surname (Last Name)
D'Oro

3. Date
09-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Armin Arshi

5. Manuscript Title
Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)

Natalie

2. Surname (Last Name)

Leong

3. Date

09-March-2017

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Armin Arshi

5. Manuscript Title

Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Frank

2. Surname (Last Name)
Petrigliano

3. Date
09-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Armin Arshi

5. Manuscript Title

Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

6. Manuscript Identifying Number (if you know it)

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Nelson

2. Surname (Last Name)
SooHoo

3. Date
09-March-2017

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☐ Yes☒ No

Corresponding Author's Name
Armin Arshi

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)

Jeffrey

2. Surname (Last Name)

Wang

3. Date

09-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Armin Arshi

5. Manuscript Title

Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

6. Manuscript Identifying Number (if you know it)

JBJS-D-16-01332

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☐ Yes

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Section 1. Identifying Information

1. Given Name (First Name)
Kristofer

2. Surname (Last Name)
Jones

3. Date
09-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Armin Arshi

5. Manuscript Title
Outpatient total knee arthroplasty is associated with higher risk of perioperative complications

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Zorica

2. Surname (Last Name)

Buser

3. Date

09-March-2017

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☐ Yes

☒ No

Corresponding Author's Name

Armin Arshi

5. Manuscript Title

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Xenco Medical (consultancy), AO Spine (consultancy, past)

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Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Wang

3. Date
09-March-2017

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☐ Yes

☒ No

Corresponding Author's Name
Armin Arshi

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