

## 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)

Joshua

2. Surname (Last Name)

Everhart

3. Date

17-February-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Thomas Scharschmidt

5. Manuscript Title

Perioperative allogeneic red blood cell transfusion has a dose-dependent association with surgical site infection following total hip and 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. Everhart 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)

Joel

2. Surname (Last Name)

Mayerson

3. Date

17-February-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Thomas Scharschmidt

5. Manuscript Title

Perioperative allogeneic red blood cell transfusion has a dose-dependent association with surgical site infection following total hip and knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Mayerson 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)  
Thomas

2. Surname (Last Name)  
Scharschmidt

3. Date  
17-February-2017

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

5. Manuscript Title  
Perioperative allogeneic red blood cell transfusion has a dose-dependent association with surgical site infection following total hip and knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Sojka	3. Date 17-February-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Thomas Scharschmidt
5. Manuscript Title Perioperative allogeneic red blood cell transfusion has a dose-dependent association with surgical site infection following total hip and knee arthroplasty		
6. Manuscript Identifying Number (if you know it)  		

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1. Given Name (First Name) Andrew	2. Surname (Last Name) Glassman	3. Date 17-February-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Thomas Scharschmidt
5. Manuscript Title Perioperative allogeneic red blood cell transfusion has a dose-dependent association with surgical site infection following total hip and knee arthroplasty		
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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
Exactech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support

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Dr. Glassman reports other from Exactech, other from Zimmer, other from Stryker, outside the submitted work; .

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