

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Derek	2. Surname (Last Name) Ward	3. Date 11-June-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Trevor Grace
5. Manuscript Title Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00243		

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

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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
Johnson & Johnson (Depuy)	☐	☒	☐	☐	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Ward reports personal fees from Johnson & Johnson (Depuy), 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)

Heather

2. Surname (Last Name)

Roberts

3. Date

11-June-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Trevor Grace

5. Manuscript Title

Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00243

Section 2. The Work Under Consideration for Publication

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Dr. Roberts has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Trevor

2. Surname (Last Name)
Grace

3. Date
11-June-2019

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

5. Manuscript Title
Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications

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

1. Given Name (First Name) Thomas	2. Surname (Last Name) Vail	3. Date 11-June-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Trevor Grace, MD
5. Manuscript Title Staged Total Knee Arthroplasty: Increased Risk of Recurring Complications		
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy	☐	☒	☐	☐	Royalty

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Section 1. Identifying Information

1. Given Name (First Name)

Ellen

2. Surname (Last Name)

Tsay

3. Date

11-June-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Trevor Grace

5. Manuscript Title

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Ellen Tsay has nothing to disclose.

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