

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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2. The work under consideration for publication.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Sculco

3. Date
10-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Shawn S Richardson

5. Manuscript Title
Comparison of Infection Risk with Corticosteroid or Hyaluronic Acid Injection Prior to Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Sculco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Shawn

2. Surname (Last Name)
Richardson

3. Date
10-April-2018

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

5. Manuscript Title
Comparison of Infection Risk with Corticosteroid or Hyaluronic Acid Injection Prior to Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Richardson has nothing to disclose.

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1. Given Name (First Name)
William

2. Surname (Last Name)
Schairer

3. Date
10-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Shawn S Richardson

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) thomas	2. Surname (Last Name) sculco	3. Date 22-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shawn S Richardson
5. Manuscript Title Comparison of Infection Risk with Corticosteroid or Hyaluronic Acid Injection Prior to Total Knee Arthroplasty		
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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"/>	royalty
lima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consulting fee

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