

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.

1. 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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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Sabu

2. Surname (Last Name)

Thomas

3. Date

30-January-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A VISION Substudy

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche Diagnostics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid for troponin assays
>70 sources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding was obtained from >70 sources that had no role in the design, conduct, analyses and interpretation of the data or in the preparation, review, or approval of the manuscript. Sources are included in the manuscript.

Section 3. Relevant financial activities outside the submitted work.

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

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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. Thomas reports grants from Roche Diagnostics, grants from >70 sources , during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Philip James	2. Surname (Last Name) Devereaux	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01305R1		

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche Diagnostics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Devereaux reports grants from Roche Diagnostics, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Mohit	2. Surname (Last Name) Bhandari	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A VISION Substudy		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bhandari reports grants from Roche Diagnostics, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shirley	2. Surname (Last Name) Pettit	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A VISION Substudy		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Patricia	2. Surname (Last Name) Cruz	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Cruz has nothing to disclose.

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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)

Gerard

2. Surname (Last Name)

Urrútia Cuchí

3. Date

30-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Sabu Thomas

5. Manuscript Title

Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients:
A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-01305R1

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

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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Urrútia Cuchí 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) Clara	2. Surname (Last Name) Chow	3. Date 05-February-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A ***Blinded by JBJS*** Substudy		
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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
NHMRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clara Chow is supported by a NHMRC Fellowship co-funded by the National Heart Foundation of Australia

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. Chow reports grants from NHMRC, 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) Anthony	2. Surname (Last Name) Adili	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01305R1		

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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Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Adili has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xavier	2. Surname (Last Name) Aguilera	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Aguilera has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pablo	2. Surname (Last Name) Alonso	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Alonso 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)
Victoria

2. Surname (Last Name)
Avram

3. Date
30-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sabu Thomas

5. Manuscript Title
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients:
A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-01305R1

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Dr. Avram 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)
Otavia

2. Surname (Last Name)
Berwanger

3. Date
30-January-2019

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☐ Yes ☒ No

Corresponding Author's Name
Sabu Thomas

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Chan	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01305R1		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Justin

2. Surname (Last Name)

Debeer

3. Date

30-January-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Sabu Thomas

5. Manuscript Title

Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients:
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6. Manuscript Identifying Number (if you know it)

JBJS-D-18-01305R1

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Dr. Debeer has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
Michael

2. Surname (Last Name)
Jacka

3. Date
30-January-2019

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☐ Yes ☒ No

Corresponding Author's Name
Sabu Thomas

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Dr. Jacka has nothing to disclose.

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CY

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Wang

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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Section 6.

Disclosure Statement

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Dr. Wang 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) Mitchell	2. Surname (Last Name) Winemaker	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01305R1		

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Claudia	2. Surname (Last Name) Lamas	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy		
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Dr. Lamas 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)
Ignacio

2. Surname (Last Name)
Garutti

3. Date
30-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sabu Thomas

5. Manuscript Title
Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients:
A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-01305R1

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

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

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. Garutti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

SADEESH

2. Surname (Last Name)

SRINATHAN

3. Date

30-January-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Sabu Thomas

5. Manuscript Title

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Dr. SRINATHAN has nothing to disclose.

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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)

Juan Carlos

2. Surname (Last Name)

Villar

3. Date

30-January-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Sabu Thomas

5. Manuscript Title

Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients:
A Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Substudy

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-01305R1

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

Section 3. Relevant financial activities outside the submitted work.

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

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Dr. Villar 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) Flavia	2. Surname (Last Name) Borges	3. Date 30-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sabu Thomas
5. Manuscript Title Association Between Myocardial Injury and Cardiovascular Outcomes Among Orthopedic Surgery Patients: A VISION Substudy		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche Diagnostics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid for troponin assays

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Dr. Borges reports grants from Roche Diagnostics, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Diane

2. Surname (Last Name)
Heels-Ansdell

3. Date
30-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sabu Thomas

5. Manuscript Title
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