

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.

5. Relationships not covered above.

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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)
Alexander

2. Surname (Last Name)
Christ

3. Date
20-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nathanael Heckmann

5. Manuscript Title

A Dose-Dependent Increase in Early Postoperative Opioid Use is Associated With Periprosthetic Joint Infection and Other Complications Following Primary Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)

JBJS-D-21-00045

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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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Christ 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) Brian	2. Surname (Last Name) Chung	3. Date 20-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nathanael Heckmann
5. Manuscript Title A Dose-Dependent Increase in Early Postoperative Opioid Use is Associated With Periprosthetic Joint Infection and Other Complications Following Primary Total Joint Arthroplasty		
6. Manuscript Identifying Number (if you know it) JBJS-D-21-00045		

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Section 1. Identifying Information

1. Given Name (First Name)
Cory

2. Surname (Last Name)
Mayfield

3. Date
20-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nathanael Heckmann

5. Manuscript Title

A Dose-Dependent Increase in Early Postoperative Opioid Use is Associated With Periprosthetic Joint Infection and Other Complications Following Primary Total Joint Arthroplasty

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Dr. Mayfield has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel

2. Surname (Last Name) Oakes

3. Date 20-February-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name Nathanael Heckmann

5. Manuscript Title
A Dose-Dependent Increase in Early Postoperative Opioid Use is Associated With Periprosthetic Joint Infection and Other Complications Following Primary Total Joint 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
DePuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant
LimaCorporate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant

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Dr. Oakes reports personal fees from DePuy, personal fees from LimaCorporate, outside the submitted work; .

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Gabriel

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Bouz

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20-February-2021

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Corresponding Author's Name
Nathanael Heckmann

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Dr. Bouz has nothing to disclose.

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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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Haley	2. Surname (Last Name) Nakata	3. Date 20-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nathanael Heckmann
5. Manuscript Title A Dose-Dependent Increase in Early Postoperative Opioid Use is Associated With Periprosthetic Joint Infection and Other Complications Following Primary Total Joint Arthroplasty		
6. Manuscript Identifying Number (if you know it) JBJS-D-21-00045		

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Nakata has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities 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) Jay

2. Surname (Last Name) Lieberman

3. Date 20-February-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name Nathanael Heckmann

5. Manuscript Title
A Dose-Dependent Increase in Early Postoperative Opioid Use is Associated With Periprosthetic Joint Infection and Other Complications Following Primary Total Joint 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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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
DePuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant; IP Royalties
Hip Innovation Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock or stock options
Hip Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Musculoskeletal Transplant Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board or committee member
Saunders/Mosby-Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publishing royalties, financial or material support
Western Orthopaedic Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Journal of Arthroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board member

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Dr. Lieberman reports personal fees from DePuy, other from Hip Innovation Technology, other from Hip Society, personal fees from Musculoskeletal Transplant Foundation, personal fees from Saunders/Mosby-Elsevier, other from Western Orthopaedic Association, other from Journal of Arthroplasty, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Nathanael

2. Surname (Last Name)
Heckmann

3. Date
20-February-2021

4. Are you the corresponding author? Yes No

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Microport Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant
Intellijoint Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board

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. Heckmann reports personal fees from Microport Orthopaedics, personal fees from Intellijoint Surgical, outside the submitted work; .

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