

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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".

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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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Other: Anything not covered under the previous three boxes

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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) Khaled	2. Surname (Last Name) Saleh	3. Date 04-January-2021
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Hospital Acquired Conditions; Critical Review of Classical and Novel Risk factors Following Total Hip and Knee Arthroplasties.		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-20-00240		

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
3M-KCI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant

Section 3. Relevant financial activities outside the submitted work.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Aesculap/B.Braun	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
3M-KCI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Aesculap/B.Braun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalty

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Saleh reports personal fees from 3M-KCI, during the conduct of the study; personal fees from Aesculap/B.Braun, personal fees from 3M-KCI, other from Aesculap/B.Braun, outside the submitted work; .

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1. Given Name (First Name)
Furqan

2. Surname (Last Name)
Irfan

3. Date
04-January-2021

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Khaled Saleh

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Dr. Irfan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mohamed

2. Surname (Last Name)
Awad

3. Date
04-January-2021

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Khaled Saleh

5. Manuscript Title
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Dr. Awad has nothing to disclose.

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1. Given Name (First Name)
Zachary

2. Surname (Last Name)
Crespi

3. Date
04-January-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Khaled Saleh

5. Manuscript Title
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Dr. Crespi has nothing to disclose.

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Mouhanad

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El-Othmani

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Khaled Saleh

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Dr. El-Othmani 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)
Ahmad

2. Surname (Last Name)
Hasan

3. Date
04-January-2021

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Khaled Saleh

5. Manuscript Title
Hospital Acquired Conditions; Critical Review of Classical and Novel Risk factors Following Total Hip and Knee Arthroplasties.

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-20-00240

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

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Aya

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Ismail

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Muhammad

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Jaffar

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04-January-2021

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