

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".

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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) Yash	2. Surname (Last Name) Chaudhry	3. Date 23-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Harpal Khanuja
5. Manuscript Title Predictors and Outcomes of Postoperative Hemoglobin < 8 g/dL in Total Joint Arthroplasty		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-01766		

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 6. Disclosure Statement

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Dr. Chaudhry 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) Aoife	2. Surname (Last Name) MacMahon	3. Date 23-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Harpal Khanuja
5. Manuscript Title Predictors and Outcomes of Postoperative Hemoglobin < 8 g/dL in Total Joint Arthroplasty		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-01766		

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

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Dr. MacMahon 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) Julius	2. Surname (Last Name) Oni	3. Date 24-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Harpal Khanuja
5. Manuscript Title Predictors and Outcomes of Postoperative Hemoglobin < 8 g/dL in Total Joint Arthroplasty		
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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
Zimmer Biomet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship support through OMega Grant, Consulting fees
Omega	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship support
Smith and Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship support

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. Oni reports grants and personal fees from Zimmer Biomet, grants from Omega, grants from Smith and Nephew, 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) Robert	2. Surname (Last Name) Sterling	3. Date 02-March-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Harpal Khanuja
5. Manuscript Title Predictors and Outcomes of Postoperative Hemoglobin < 8 g/dL in Total Joint Arthroplasty		
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Dr. Sterling has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sandesh

2. Surname (Last Name)
Rao

3. Date
02-March-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Harpal Khanuja

5. Manuscript Title
Predictors and Outcomes of Postoperative Hemoglobin < 8 g/dL in Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)
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Dr. Rao 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)
Harpal

2. Surname (Last Name)
Khanuja

3. Date
24-February-2021

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

5. Manuscript Title
Predictors and Outcomes of Postoperative Hemoglobin < 8 g/dL in Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-01766

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Dr. has nothing to disclose.

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1. Identifying information.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Toci	3. Date 23-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Harpal Khanuja
5. Manuscript Title Predictors and Outcomes of Postoperative Hemoglobin < 8 g/dL in Total Joint Arthroplasty		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-01766		

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

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Date: June 14, 2021

Your Name: Kevin L. Mekkawy, D.O.

Manuscript Title: Predictors and Outcomes of Postoperative Hemoglobin <8 g/dL in Total Joint Arthroplasty

Manuscript number (if known): JBJS-D-20-01766R2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

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