

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.

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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)

Javad

2. Surname (Last Name)

Parvizi

3. Date

09-November-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Inflammatory Bowel Diseases Increase the Risk of Periprosthetic Joint Infection

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-01585

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Corentec	☐	☒	☐	☒	Royalties; Consulting; Stock Options
Data Trace	☐	☒	☐	☐	Royalties
Elsevier	☐	☒	☐	☐	Royalties
Jaypee Publishers	☐	☒	☐	☐	Royalties
SLACK Incorporated	☐	☒	☐	☐	Royalties
Wolters Kluwer	☐	☒	☐	☐	Royalties
Ethicon	☐	☒	☐	☐	Consulting
Flexion	☐	☒	☐	☐	Consulting

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Heraeus	☐	☒	☐	☐	Consulting
Jointstem	☐	☒	☐	☐	Consulting
KCI / 3M (Acelity)	☐	☒	☐	☐	Consulting
MicroGenDx	☐	☒	☐	☐	Consulting
Peptilogics	☐	☒	☐	☐	Consulting
Tenor	☐	☒	☐	☐	Consulting
Zimmer Biomet	☐	☒	☐	☐	Consulting
Acumed	☐	☐	☐	☒	Stock Options
Alphaeon/Strathsby Crown	☐	☐	☐	☒	Stock Options
Ceribell	☐	☐	☐	☒	Stock Options
Hip Innovation Technology	☐	☐	☐	☒	Stock Options
Intellijoint	☐	☐	☐	☒	Stock Options
Joint Purification Systems	☐	☐	☐	☒	Stock Options
MD-valuate	☐	☐	☐	☒	Stock Options
Molecular Surface Technologies	☐	☐	☐	☒	Stock Options
Nanoxygenic	☐	☐	☐	☒	Stock Options
Parvizi Surgical Innovations and subsidiaries	☐	☐	☐	☒	Stock Options
PRN-Veterinary	☐	☐	☐	☒	Stock Options
Sonata	☐	☐	☐	☒	Stock Options
Eastern Orthopaedic Association	☐	☐	☐	☒	Board Membership
Journal of Bone and Joint Surgery	☐	☐	☐	☒	Editorial Board

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Section 1. Identifying Information

1. Given Name (First Name) Emanuele	2. Surname (Last Name) Chisari	3. Date 09-November-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Javad Parvizi
5. Manuscript Title Inflammatory Bowel Diseases Increase the Risk of Periprosthetic Joint Infection		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-01585		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chisari has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Sherman

3. Date
09-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Javad Parvizi

5. Manuscript Title
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Mr. Sherman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Darren

2. Surname (Last Name)
D'Mello

3. Date
09-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Javad Parvizi

5. Manuscript Title
Inflammatory Bowel Diseases Increase the Risk of Periprosthetic Joint Infection

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ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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