ICMJE DISCLOSURE FORM

Date: 7.31.21

Your Name: Aaron Johnson

Manuscript Title: Assessment of Staphylococcal Clinical Isolates from Periprosthetic Joint Infection for Potential Bacteriophage Therapy

Manuscript number (if known):_____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	✓ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	AOTNA / OTA, Institutional Support
3	Royalties or licenses	✓ None	
4	Consulting fees	✓ None	

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

Please place an "X" next to the following statement to indicate your agreement:

X **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

ICMJE DISCLOSURE FORM

Date: 02AUG21

Your Name: Martin Lee

Manuscript Title: Assessment of Staphylococcal Clinical Isolates from Periprosthetic Joint Infection for Potential Bacteriophage Therapy

Manuscript number (if known):

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		D.O.D. Grant	The Grant Money Didn't Support This Project.
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

Please place an "X" next to the following statement to indicate your agreement:

X **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

ICMJE DISCLOSURE FORM

Date: 2nd AUG 2021

Your Name: WAQAS CHAUDHRY

Manuscript Title: Assessment of Staphylococcal Clinical Isolates from Periprosthetic Joint Infection for Potential Bacteriophage Therapy

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		DOD Grant	The Grant Money didn't support this work.
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

Please place an "X" next to the following statement to indicate your agreement:

WC X **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

ICMJE DISCLOSURE FORM

Date: 7/30/2021
Your Name: James Doub MD
Manuscript Title: Assessment of Staphylococcal Clinical Isolates from Periprosthetic Joint Infections for Potential Bacteriophage Therapy
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X__None	
3	Royalties or licenses	_X__None	
4	Consulting fees	____None	

		Receive consultant fees from Adaptive phage therapeutics	From 4/2021-present I have received consultant fees with Adaptive Phage therapeutics
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	_X___None	
7	Support for attending meetings and/or travel	_X___None	
8	Patents planned, issued or pending	_X___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/31/2021
Your Name:_Sumon Nandi
Manuscript Title: Assessment of Staphylococcal Clinical Isolates from Periprosthetic Joint Infections for Potential Bacteriophage Therapy
Manuscript number (if known):_____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X___None	
3	Royalties or licenses	_X___None	
4	Consulting fees	_X___None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X___None	
6	Payment for expert testimony	_X___None	
7	Support for attending meetings and/or travel	_X___None	
8	Patents planned, issued or pending	_X___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X___None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

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_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:__7/31/21_____
Your Name:___Brian De Palma_____
Manuscript Title: Assessment of Staphylococcal Clinical Isolates from Periprosthetic Joint Infection for Potential Bacteriophage Therapy
Manuscript number (if known):_____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X___None	
3	Royalties or licenses	_X___None	
4	Consulting fees	_X___None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X___None	
6	Payment for expert testimony	_X___None	
7	Support for attending meetings and/or travel	_X___None	
8	Patents planned, issued or pending	_X___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X___None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	_X___None	

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