ICMJE DISCLOSURE FORM

Date:_31 October 2021_____
Your Name:_____ANTHONY LOGIN_____
Manuscript Title: Preoperative Antibiotics Influence Culture Yield in the Treatment of Hand, Wrist, and Forearm Infections

Manuscript number (if known):___ JBJSOA-D-21-00084_____

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
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.**	X None	
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

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.**