

CONFLICT OF INTEREST STATEMENT

The Journal of Arthroplasty

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms). If no discloser is required please write/type "none" at the end of each sentence.**

Manuscript Title: Specific infectious organisms associated with poor outcomes in treatment for hip peri-prosthetic infection

1. Royalties from a company or supplier (The following conflicts were disclosed)

None

2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)

3A. Paid employee for a company or supplier (The following conflicts were disclosed)

None

None

3B. Paid consultant for a company or supplier (The following conflicts were disclosed)

None

3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)

None

4. Stock or stock options in a company or supplier (The following conflicts were disclosed)

None

5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)

None

6. Other financial or material support from a company or supplier (The following conflicts were disclosed)

None

7. Royalties, financial or material support from publishers (The following conflicts were disclosed)

None

8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)

None

9. Board member/committee appointments for a society (The following conflicts were disclosed)

None

Each author must sign, print or type his/her name, date and submit a separate form

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

Daniel Cunningham



08/26/2016

Author Name (Print or Type)

Author Signature

Date

CONFLICT OF INTEREST STATEMENT

The Journal of Arthroplasty

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form must be filled out completely and submitted by each author (example, 6 authors, 6 forms). If no discloser is required, please write/type "none" at the end of each sentence.

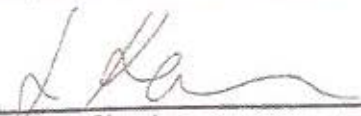
Manuscript Title: ~~Retrospective Analysis of Periprosthetic Hip Infections: Results from a Single Center~~ *specific infectious organisms associated with poor outcomes in treatment for hip peri-prosthetic infection*

- 1. Royalties from a company or supplier (The following conflicts were disclosed)
none
- 2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)
none
- 3A. Paid employee for a company or supplier (The following conflicts were disclosed)
none
- 3B. Paid consultant for a company or supplier (The following conflicts were disclosed)
none
- 3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)
none
- 4. Stock or stock options in a company or supplier (The following conflicts were disclosed)
none
- 5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)
none
- 6. Other financial or material support from a company or supplier (The following conflicts were disclosed)
none
- 7. Royalties, financial or material support from publishers (The following conflicts were disclosed)
none
- 8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)
none
- 9. Board member/committee appointments for a society (The following conflicts were disclosed)
none

Each author must sign AND print or type his/her name, date and submit a separate form

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

Joseph Kavolus
Author Name (Print or Type)


Author Signature

8/23/16
Date

CONFLICT OF INTEREST STATEMENT

The Journal of Arthroplasty

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms). If no discloser is required, please write/type "none" at the end of each sentence.**

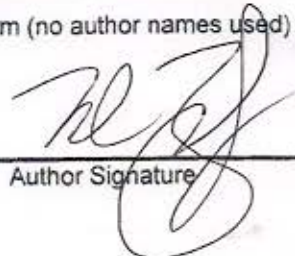
- Manuscript Title *Specific infectious organisms associated with poor outcome in treatment for hip peri-prosthetic infection*
1. Royalties from a company or supplier (The following conflicts were disclosed) *Zimmer, Biomet*
 2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed) *Zimmer, Biomet*
 - 3A. Paid employee for a company or supplier (The following conflicts were disclosed) *None*
 - 3B. Paid consultant for a company or supplier (The following conflicts were disclosed) *Zimmer Biomet, TJO*
 - 3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed) *Amedica*
 4. Stock or stock options in a company or supplier (The following conflicts were disclosed) *Amedica, TJO*
 5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed) *Zimmer - Biomet, Exactech*
 6. Other financial or material support from a company or supplier (The following conflicts were disclosed) *None*
 7. Royalties, financial or material support from publishers (The following conflicts were disclosed) *None*
 8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed) *AAHKS publications committee*
 9. Board member/committee appointments for a society (The following conflicts were disclosed) *AAHKS BOD, EOA BOD*

Each author must sign AND print or type his/her name, date and submit a separate form

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

MICHAEL BILOGNESI

Author Name (Print or Type)



Author Signature

8/26/16

Date

CONFLICT OF INTEREST STATEMENT

The Journal of Arthroplasty

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms). If no discloser is required, please write/type "none" at the end of each sentence.**

- Manuscript Title *specific infectious organisms associated with poor outcomes in treatment for hip. peri-prosthetic infection*
1. Royalties from a company or supplier (The following conflicts were disclosed) *Total Joint Orthopedics*
 2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)
None
 - 3A. Paid employee for a company or supplier (The following conflicts were disclosed)
None
 - 3B. Paid consultant for a company or supplier (The following conflicts were disclosed)
Total Joint Orthopedics
 - 3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)
None
 4. Stock or stock options in a company or supplier (The following conflicts were disclosed)
None
 5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)
DePuy, Stryker, Zimmer - Biomet
 6. Other financial or material support from a company or supplier (The following conflicts were disclosed)
None
 7. Royalties, financial or material support from publishers (The following conflicts were disclosed)
None
 8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)
Journal of Arthroplasty
 9. Board member/committee appointments for a society (The following conflicts were disclosed)
None

Each author must sign AND print or type his/her name, date and submit a separate form

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

James Wellman *[Signature]* *8/26/16*

Author Name (Print or Type) Author Signature Date

CONFLICT OF INTEREST STATEMENT

The Journal of Arthroplasty

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms). If no discloser is required, please write/type "none" at the end of each sentence.**

Manuscript Title ~~Specific infectious organisms associated with poor outcomes in treatment for hip~~
~~Common Medical Comorbidities Correlated with Poor Outcomes in Hip Peri-Prosthetic Infection~~
1. Royalties from a company or supplier (The following conflicts were disclosed) *peri-prosthetic infection*

Total Joint Orthopedics, Inc.

2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)

None

3A. Paid employee for a company or supplier (The following conflicts were disclosed)

None

3B. Paid consultant for a company or supplier (The following conflicts were disclosed)

Total Joint Orthopedics

3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)

None

4. Stock or stock options in a company or supplier (The following conflicts were disclosed)

None

5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)

None

6. Other financial or material support from a company or supplier (The following conflicts were disclosed)

None

7. Royalties, financial or material support from publishers (The following conflicts were disclosed)

None

8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)

None

9. Board member/committee appointments for a society (The following conflicts were disclosed)

None

Each author must sign AND print or type his/her name, date and submit a separate form

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

THOMAS SEYLER
Author Name (Print or Type)

Thomas Seyler
Author Signature

8/25/2014
Date