

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yingjie

2. Surname (Last Name)

Wang

3. Date

23-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bin Feng

5. Manuscript Title

Risk factors of postoperative nausea and vomiting after total hip arthroplasty or total knee arthroplasty: a retrospective study

6. Manuscript Identifying Number (if you know it)

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No

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Dr. Wang 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)<br>Qi  | 2. Surname (Last Name)<br>Yang                                      | 3. Date<br>23-July-2020                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Bin Feng |
| 5. Manuscript Title<br>Risk factors of postoperative nausea and vomiting after total hip arthroplasty or total knee arthroplasty: a retrospective study |   |   |
| 6. Manuscript Identifying Number (if you know it)   |   |   |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jin

2. Surname (Last Name)

Lin

3. Date

23-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bin Feng

5. Manuscript Title

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### Section 1. Identifying Information

1. Given Name (First Name)

Wenwei

2. Surname (Last Name)

Qian

3. Date

23-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Bin Feng

5. Manuscript Title

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Dr. Qian has nothing to disclose.

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Jin

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Jin

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Corresponding Author's Name

Bin Feng

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Peng

2. Surname (Last Name)

Gao

3. Date

23-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bin Feng

5. Manuscript Title

Risk factors of postoperative nausea and vomiting after total hip arthroplasty or total knee arthroplasty: a retrospective study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

Yes

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Are there any relevant conflicts of interest?

Yes

No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Baozhong  | 2. Surname (Last Name)<br>Zhang                                     | 3. Date<br>23-July-2020                 |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Bin Feng |
| 5. Manuscript Title<br>Risk factors of postoperative nausea and vomiting after total hip arthroplasty or total knee arthroplasty: a retrospective study |   |   |
| 6. Manuscript Identifying Number (if you know it)   |   |   |

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Are there any relevant conflicts of interest?  Yes  No

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1. Given Name (First Name)

Bin

2. Surname (Last Name)

Feng

3. Date

23-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Xisheng

2. Surname (Last Name)

Weng

3. Date

23-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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