

ICMJE DISCLOSURE FORM

Date: 2/16/2022

Your Name: Dr. Nicholas Bernthal

Manuscript Title: Adaptive Antimicrobial Resistance: Description of Microbial Variants & Their Relevance in PJI - A Review

Manuscript Number (if known): Click or tap here to enter text.

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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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <small style="display: block; text-align: right; margin-top: 5px;">Click the tab key to add additional rows</small>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;">MCH</td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td>DoD</td><td></td></tr> </table>	MCH				DoD	
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		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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Zimmer Biomet	
		ONKOS	
		Daiichi Sankyo	
		Trellis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: 2/16/2022

Your Name: Dr. Madhav Chowdhry

Manuscript Title: Adaptive Antimicrobial Resistance - Description of Microbial Variants & Their Relevance in PJI: A Review

Manuscript Number (if known): BJJ-2021-1759.R1

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

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ICMJE DISCLOSURE FORM

Date: 2/16/2022

Your Name: Dr Christopher Hamad

Manuscript Title: Adaptive Antimicrobial Resistance: Description of Microbial Variants & Their Relevance in PJI - A Review

Manuscript Number (if known): BJJ-2021-1759.R1

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ICMJE DISCLOSURE FORM

Date: 2/16/2022

Your Name: Edward J. McPherson, MD

Manuscript Title: Adaptive Antimicrobial Resistance - Description of Microbial Variants & Their Relevance in PJI: A Review

Manuscript Number (if known): BJJ-2021-1759.R1

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3	Royalties or licenses	<input type="checkbox"/> None	
		ARCOS Revision Femoral Stem, Zimmer-Biomet, Warsaw, IN	Payments made to me.
4	Consulting fees	<input type="checkbox"/> None	
		Zimmer-Biomet, Warsaw, IN	Payments made to me.
		Austin Medical Ventures Inc., Memphis, TN	Payments made to me.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		J. Bone & Joint Surg.- Miller Orthopaedic Review	Author, Faculty & Speaker.
		Presentations for Zimmer-Biomet, Warsaw, IN.	Payments made to me.
		Presentations for Austin Medical Ventures Inc., Memphis, TN	Payments made to me.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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		Joint Implant Surgery Research Foundation	Board Member

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ICMJE DISCLOSURE FORM

Date: 2/15/2022

Your Name: Devin Sindeldecker

Manuscript Title: Adaptive Antimicrobial Resistance - Description of Microbial Variants & Their Relevance in PJI: A Review

Manuscript Number (if known): BJJ-2021-1759.R1

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Date: 2/15/2022

Your Name: Paul Stoodley

Manuscript Title: Adaptive Antimicrobial Resistance - Description of Microbial Variants & Their Relevance in PJI: A Review

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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Dyson</td> <td style="width: 50%;">Payment to me</td> </tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>	Dyson	Payment to me					
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Biocomposites Ltd</td> <td style="width: 50%;">Travel expenses reimbursed to me</td> </tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>	Biocomposites Ltd	Travel expenses reimbursed to me					
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Device for measuring efficacy of antimicrobial dentifrices</td> <td style="width: 50%;">Provisional submitted by Colgate-Palmolive</td> </tr> <tr> <td>Antimicrobial bandage</td> <td>Provisional submitted by Ohio State</td> </tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>	Device for measuring efficacy of antimicrobial dentifrices	Provisional submitted by Colgate-Palmolive	Antimicrobial bandage	Provisional submitted by Ohio State			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Materials for research	Biocomposites Ltd
		Materials for research	Colgate-Palmolive
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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