

## ICMJE DISCLOSURE FORM

**Date:** 10/28/2023

**Your Name:** Volker Alt

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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

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:** 10/27/2023

**Your Name:** Derek Amanatullah

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> Stryker, DePuy, Exactech, United, Medacta _____ _____	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> Medscape _____ _____	
<b>6</b>	Payment for expert testimony	<input type="checkbox"/> <b>None</b> Expert Institute _____ _____	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> _____ _____	
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> Arthrology Consulting, Knimble Designs, nSight Surgical, Stanford University _____	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> _____ _____	
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 10/22/2023

**Your Name:** Susanne Bärthl

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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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## ICMJE DISCLOSURE FORM

**Date:** 8/27/2021

**Your Name:** Florian Baumann

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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## ICMJE DISCLOSURE FORM

**Date:** 10/28/2023

**Your Name:** Maximilian Kerschbaum

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 10/25/2023

**Your Name:** Mario Morgenstern

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 10/29/2023

**Your Name:** Christian G. Pfeifer

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 26.20.2023

**Your Name:** Daniel Popp

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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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## ICMJE DISCLOSURE FORM

**Date:** 10/25/2023

**Your Name:** Markus Rupp

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 10/25/2023

**Your Name:** Michael Worlicek

**Manuscript Title:** The PJI-TNM classification for prosthetic joint infections – Clinical application and implementation of an app-based classification tool

**Manuscript Number (if known):** BJR-2023-0012.R2

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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