

ICMJE DISCLOSURE FORM

Date: 2/25/2023

Your Name: Marianne Westberg

Manuscript Title: Poor outcome after debridement and implant retention for acute hematogenous periprosthetic joint infection: a cohort study of 43 patients

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 770 1490 873"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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Date: 2/25/2023

Your Name: Finnur Snorrason

Manuscript Title: Poor outcome after debridement and implant retention for acute hematogenous periprosthetic joint infection: a cohort study of 43 patients

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

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