

ICMJE DISCLOSURE FORM

Date: 8/28/2023

Your Name: Anders Persson

Manuscript Title: Increased mortality after total hip prosthetic joint infection is mainly caused by the comorbidities of the patient, rather than by the infection itself

Manuscript Number (if known): 16838

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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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 type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> 25 000 SEK was granted from the Tore Dalén Memorial Fund at The Swedish Hip and Knee Society. </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" 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: 8/19/2023

Your Name: Olof Sköldenberg

Manuscript Title: Increased mortality after total hip prosthetic joint infection is mainly caused by the comorbidities of the patient, rather than by the infection itself

Manuscript Number (if known): 16838

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" data-bbox="383 735 1490 831"> <tr><td>Swemac AB</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Swemac AB							
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 953 1513 1050"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1197 1513 1323"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="383 1415 1513 1512"> <tr><td>Link Sweden AB</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Link Sweden AB							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1759 1513 1856"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

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ICMJE DISCLOSURE FORM

Date: 8/28/2023

Your Name: Max Gordon

Manuscript Title: Increased mortality after total hip prosthetic joint infection is mainly caused by the comorbidities of the patient, rather than by the infection itself

Manuscript Number (if known): 16838

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ICMJE DISCLOSURE FORM

Date: 8/28/2023

Your Name: Maziar Mohaddes

Manuscript Title: Increased mortality after total hip prosthetic joint infection is mainly caused by the comorbidities of the patient, rather than by the infection itself

Manuscript Number (if known): 16838

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ICMJE DISCLOSURE FORM

Date: 9/13/2023

Your Name: Thomas Eisler

Manuscript Title: Increased mortality after total hip prosthetic joint infection is mainly caused by the comorbidities of the patient, rather than by the infection itself

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