

ICMJE DISCLOSURE FORM

Date: 11/22/2023

Your Name: Marie Anneberg

Manuscript Title: Temporal trends in revision rate due to knee periprosthetic joint infection: a study of 115,120 cases from the Danish Knee Arthroplasty Register, from 1997 through 2019

Manuscript Number (if known): AO-2023-158/R2 RESUBMISSION - (17214)

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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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: 11/22/2023

Your Name: Per Hviid Gundtoft

Manuscript Title: Temporal trends in revision rate due to knee periprosthetic joint infection: a study of 115,120 cases from the Danish Knee Arthroplasty Register, from 1997 through 2019

Manuscript Number (if known): AO-2023-158/R2 RESUBMISSION - (17214)

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ICMJE DISCLOSURE FORM

Date: 11/17/2023

Your Name: Anders Troelsen

Manuscript Title: Temporal trends in revision rate due to knee periprosthetic joint infection: a study of 115,120 cases from the Danish Knee Arthroplasty Register, from 1997 through 2019

Manuscript Number (if known): AO-2023-158/R2 RESUBMISSION - (17214)

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4	Consulting fees	<input type="checkbox"/> None	
		Zimmer Biomet	Consultancy
		Pfizer Denmark	Consultancy
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Zimmer Biomet	Payment for lectures including service on speakers bureaus
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 type="checkbox"/> None	
		Danish Knee Arthroplasty register	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Zimmer Biomet	Advisory board member
		Pfizer Denmark	Advisory board member

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Your Name: Henrik Toft Sørensen

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Date: 11/22/2023

Your Name: Alma Becic Pedersen

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

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.