

ICMJE DISCLOSURE FORM

Date: 24-08-21

Your Name: Lise-Lott Larsson

Manuscript Title: Good correlation between an instantaneous microbial detection device and a traditional microbiological active air sampler monitoring air quality in operating rooms during elective arthroplasty surgery. A prospective feasibility study

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.

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)						
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 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">LÖF, Landstingets Ömsesidiga Försäkringsbolag, the Swedish patient insurance</td> <td style="width: 40%; padding: 2px;">Support to cover costs for salary for research time. Payment made to the institution.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>	LÖF, Landstingets Ömsesidiga Försäkringsbolag, the Swedish patient insurance	Support to cover costs for salary for research time. Payment made to the institution.				
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Time frame: past 36 months								
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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: 240821

Your Name: Johan Nordenadler

Manuscript Title: Good correlation between an instantaneous microbial detection device and a traditional microbiological active air sampler monitoring air quality in operating rooms during elective arthroplasty surgery. A prospective feasibility study.

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

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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: 240825

Your Name: Gunilla Björling

Manuscript Title: Good correlation between an instantaneous microbial detection device and a traditional microbiological active air sampler monitoring air quality in operating rooms during elective arthroplasty surgery. A prospective feasibility study.

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

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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.

DISCLOSURE FORM for editors, revised from the ICMJE

Date: 20240514

Your Name: Li Felländer-Tsai

Your position and professional: Professor/senior consultant Karolinska Institutet and Karolinska University Hospital

Your affiliation to Acta Orthopaedica: Deputy Editor

In the interest of transparency, we ask all editors of Acta Orthopaedica to disclose all relationships/activities/interests listed below that are related to your work as an editor. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the works as an editor. 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: past 36 months			
1	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Region Stockholm	Institution
		The Swedish Research Council	Institution
		AFA försäkring	Institution
2	Royalties or licenses	<input checked="" type="checkbox"/> None	
3	Consulting fees	<input checked="" type="checkbox"/> None	
4	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<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)
	educational events		
5	Payment for expert testimony	<input checked="" type="checkbox"/> None	
6	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
7	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
8	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
9	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Network of accredited skills centers in Europe	None
10	Stock or stock options	<input type="checkbox"/> None	
		Osgenic Oy	Private
11	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	

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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: 8/26/2024

Your Name: Stergios Lazarinis

Manuscript Title: Good correlation between an instantaneous microbial detection device and a traditional microbiological active air sampler monitoring air quality in operating rooms during elective arthroplasty surgery. A prospective feasibility study.

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

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		Link	Lectures on hip arthroplasty surgery
		Heraeus	Lectures on hip arthroplasty surgery
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ICMJE DISCLOSURE FORM

Date: 8/27/2024

Your Name: Bengt Ljungqvist

Manuscript Title: Good correlation between an instantaneous microbial detection device and a traditional microbiological active air sampler monitoring air quality in operating rooms during elective arthroplasty surgery. A prospective feasibility study

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

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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: 240824

Your Name: Janet Mattsson

Manuscript Title: Good correlation between an instantaneous microbial detection device and a traditional microbiological active air sampler monitoring air quality in operating rooms during elective arthroplasty surgery. A prospective feasibility study.

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.

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.

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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: 8/27/2024

Your Name: Berit Reinmüller

Manuscript Title: Good correlation between an instantaneous microbial detection device and a traditional microbiological active air sampler monitoring air quality in operating rooms during elective arthroplasty surgery. A prospective feasibility study

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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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: 240820

Your Name: Harald Brismar

Manuscript Title: Good correlation between an instantaneous microbial detection device and a traditional microbiological active air sampler monitoring air quality in operating rooms during elective arthroplasty surgery. A prospective feasibility study.

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

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Johnsson and Johnsson	Lectures in hip arthroplasty surgery for specialists in orthopedic surgery. Course initiated by the company and payments to me as salary.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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