ICMJE DISCLOSURE FORM

Date: 8/29/2024

Your Name: Olav Lutro

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023

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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		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.**	☒ **None**	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 8/29/2024

Your Name: Marianne Bollestad Tjørhom

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023

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

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/29/2024

Your Name: TESFAYE HORDOFA LETA

Manuscript Title: Click or tap here to enter text. **How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023**

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

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ICMJE DISCLOSURE FORM

Date: 8/29/2024

Your Name: Jan-Erik Gjertsen

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023

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

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		LINK Norway	Lecture fee
		DePuy Synthes	Lecture fee
		Smith & Nephew	Lecture fee
		Heraeus Medical	Lecture fee
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: January 8 2025

Your Name: Geir Hallan

Manuscript Title: How many doses and what type of antibiotic should be used as systemic antibiotic prophylaxis in primary hip and knee arthroplasty? …

Manuscript Number (if known): AO-2024-297

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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	x **None**	
3	Royalties or licenses	x **None**	

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4	Consulting fees	x **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Lectures for Link Norway, Ortomedic AS and Heraeus Medical	Payment to me. Subjects not relevant to the manuscript
6	Payment for expert testimony	x **None**	
7	Support for attending meetings and/or travel	x **None**	
8	Patents planned, issued or pending	x **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x **None**	

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11	Stock or stock options	x **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x **None**	
13	Other financial or non-financial interests	x **None**	

Please place an "X" next to the following statement to indicate your agreement:

x
☐ 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: 8/29/2024

Your Name: Trond Bruun

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023

Manuscript Number (if known): AO-2024-297 - (18043)

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 9/2/2024

Your Name: Marianne Westberg

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023

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	☐ **None**	
		Ortomedic	Speaker, educational events
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 9/3/2024

Your Name: Tina Strømdal Wik

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023

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

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ICMJE DISCLOSURE FORM

Date: 8/29/2024

Your Name: Christian Thomas Pollmann

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023

Manuscript Number (if known): AO-2024-297 - (18043)

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ICMJE DISCLOSURE FORM

Date: 1/9/2025

Your Name: Stein Håkon Låstad Lygre

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023AO-2024-297 - (18043)

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

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/30/2024

Your Name: Ove Furnes

Manuscript Title: How many doses of systemic antibiotic prophylaxis should be used in primary hip and knee arthroplasty? A register-based study on 301,204 primary total- and hemi-hip and total knee arthroplasties in Norway 2005-2023

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

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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.**	☒ **None**	
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3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Heraeus Medical	Lectures on cementation technique in knee replacment. Paid to myself and my department
		Ortomedic AS	Lectures on knee replacement. Paid to myself
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 1/6/2025

Your Name: Lars Birger Engesæter

Manuscript Title: How many doses and what type of antibiotic should be used as systemic antibiotic prophylaxis in primary hip and knee arthroplasty?

Manuscript Number (if known): 18043

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 1/6/2025

Your Name: Håvard Dale

Manuscript Title: How many doses and what type of antibiotic should be used as systemic antibiotic prophylaxis in primary hip and knee arthroplasty?

Manuscript Number (if known): AO-2024-297

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