

ICMJE DISCLOSURE FORM

Date: 4/27/2025

Bernhardt Bernhardt Kickinger

Manuscript Title: Evaluation of sonication for the detection of periprosthetic joint infection in hip revision arthroplasty – a retrospective observational single center study of 288 episodes

Manuscript Number (if known): AO-2024-193/R2 RESUBMISSION - (17910)

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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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: 4/28/2025

Your Name: Tor Monsen

Manuscript Title: Evaluation of sonication for detection of periprosthetic joint infection in hip revision arthroplasty- a retrospective a observational single center study of 288 episodes

Manuscript Number (if known): AO-2024/193/R2 RESUBMISSION-(17910)

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Date: 4/27/2025

Your Name: Emma Karis

Manuscript Title: Evaluation of sonication for the detection of periprosthetic joint infection in hip revision arthroplasty – a retrospective observational single center study of 288 episodes

Manuscript Number (if known): AO-2024-193/R2 RESUBMISSION - (17910)

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Date: 4/15/2025

Your Name: Micael Widerström

Manuscript Title: Evaluation of sonication for the detection of periprosthetic joint infection in hip revision arthroplasty – a retrospective observational single center study of 288 episodes

Manuscript Number (if known): AO-2024-193/R2

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Date: 4/16/2025

Bernhardt Petter Sundin

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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: 4/15/2025

Your Name: Kjell G Nilsson

Manuscript Title: Evaluation of sonication for the detection of periprosthetic joint infection in hip revision arthroplasty – a retrospective observational single center of 288 episodes

Manuscript Number (if known): AO-2024-193/R2 EESUBMISSION – (17910)

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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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	
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		Member board of Swedish Arthroplasty Register	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 4/15/2025

Your Name: Volker Otten

Manuscript Title: Evaluation of sonication for the detection of periprosthetic joint infection in hip revision arthroplasty – a retrospective observational single center study of 288 episodes

Manuscript Number (if known): AO-2024-193/R2 RESUBMISSION - (17910)

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		LINK Sweden	Payment for lectures as part of training courses for orthopedic surgeons
		DePuy Johnson & Johnson	Payment for lectures as part of training courses for orthopedic surgeons
		Smith & Nephew	Payment for lectures as part of training courses for scrubb nurses
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/27/2025

Your Name: Sead Crnalic

Manuscript Title: Evaluation of sonication for the detection of periprosthetic joint infection in hip revision arthroplasty – a retrospective observational single center study of 288 episodes

Manuscript Number (if known): AO-2024-193/R2 RESUBMISSION - (17910)

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