

## ICMJE DISCLOSURE FORM

**Date:** 3/4/2025

**Your Name:** Aidan Morrell

**Manuscript Title:** Risk of Perioperative Mortality and Venous Thromboembolism After Total Hip or Knee Arthroplasty With Recent COVID-19 Infection: an observational study from the Kaiser Permanente Northern California Database

**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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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:

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## ICMJE DISCLOSURE FORM

**Date:** 3/4/2025

**Your Name:** Ryland Kagan

**Manuscript Title:** Risk of Perioperative Mortality and Venous Thromboembolism After Total Hip or Knee Arthroplasty With Recent COVID-19 Infection: an observational study from the Kaiser Permanente Northern California Database

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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None  <table border="1"><tr><td>AAOS Hip Program Committee</td><td></td></tr></table>	AAOS Hip Program Committee								
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	society, committee or advocacy group, paid or unpaid	AAHKS Evidence Based Medicine Committee AJRR Research Committee	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 3/4/2025

**Your Name:** Mackenzie Kelly

**Manuscript Title:** Risk of perioperative mortality and venous thromboembolism after total hip or knee arthroplasty with recent COVID-19 infection: an observational study from the Kaiser Permanente Northern California Database

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

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 827 1516 926"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1045 1516 1144"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1264 1516 1362"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1482 1516 1581"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 3/10/2025

**Your Name:** Graham DeKeyser

**Manuscript Title:** Risk of Perioperative Mortality and Venous Thromboembolism After Total Hip or Knee Arthroplasty With Recent COVID-19 Infection: an observational study from the Kaiser Permanente Northern California Database

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

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4	Consulting fees	<input type="checkbox"/> None	
		Smith & Nephew	Personal Consulting Fees
		Stryker	Personal Consulting Fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Arthrex	Compensation directly into institutional research fund
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 type="checkbox"/> None	
		Orthopaedic Trauma Association	Evidence, Quality & Value Based Medicine

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**Date:** 3/4/2025

**Your Name:** Andrew Avins

**Manuscript Title:** Risk of Perioperative Mortality and Venous Thromboembolism After Total Hip or Knee Arthroplasty With Recent COVID-19 Infection: an observational study from the Kaiser Permanente Northern California Database

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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:** 3/4/2025

**Your Name:** Lusine Gigoyan

**Manuscript Title:** Risk of Perioperative Mortality and Venous Thromboembolism After Total Hip or Knee Arthroplasty With Recent COVID-19 Infection: an observational study from the Kaiser Permanente Northern California Database

**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.

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Time frame: Since the initial planning of the work								
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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:** 3/13/2025

**Your Name:** John Cox

**Manuscript Title:** Risk of Perioperative Mortality and Venous Thromboembolism After Total Hip or Knee Arthroplasty With Recent COVID-19 Infection: an observational study from the Kaiser Permanente Northern California Database

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

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