

ICMJE DISCLOSURE FORM

Date: 1/10/2023

Your Name: María Sigurðardóttir

Manuscript Title: Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery

Manuscript Number (if known): AO-2022-282/R2 RESUBMISSION - (16644)

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	
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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 type="checkbox"/> None	

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

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Date: 1/10/2023

Your Name: Martin Ingi Sigurðsson

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Your Name: Yngvi Ólafsson

Manuscript Title: Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery

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Your Name: Sólveig Hólmfríður Sverrisdóttir

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Your Name: Ingibjorg Gunnarsdottir

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Your Name: Emil Lárus Sigurðsson

Manuscript Title: Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 551 1489 651"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" data-bbox="368 757 1489 857"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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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: 1/10/2023

Your Name: Sigurbergur Káráson

Manuscript Title: Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery

Manuscript Number (if known): AO-2022-282/R2 RESUBMISSION - (16644)

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;"> <tr> <td style="width: 60%;">Landspítali Research Fund (A-2019-056, A-202-042, A-2021-036)</td> <td></td> </tr> <tr> <td>Research fund of Sigríður Larusdóttir by University of Iceland</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Landspítali Research Fund (A-2019-056, A-202-042, A-2021-036)		Research fund of Sigríður Larusdóttir by University of Iceland		Click the tab key to add additional rows.	
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