Date:		1/10/2023		
Υοι	ır Name:	María Sigurðardóttir		
Manuscript Title:		Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery		
Ma	nuscript Number (if kr	wn): AO-2022-282/R2 RESUBMISSION - (16644)		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activities.			neans any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the	support for the work reported in this manuscript without time limit. For all other items, the time ast 36 months.		
		me all entities with whom you have this ationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)	е	
		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 Landspitali Research Fund (A-2019-056, A-202-042, A-2021-036) Research fund of Sigridur Larusdottir by University of Iceland Click the tab key to add additional rows.		
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	A-202-042, A-2021-036) Research fund of Sigridur Larusdottir by University of Iceland Click the tab key to add additional rows.		

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

25		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)
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13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Date:		1/10/2023		
Your Name:		Martin Ingi Sigurðsson		
Manuscript Title:		Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery		
Ma	nuscript Number (if l	(nown): AO-2022-282/R2 RESUBMISSION - (16644)		
con affe indi	tent of your manusco ected by the content cate a bias. If you ar	irency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily e in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		
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	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript without time limit. For all other items, the time see past 36 months.		
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	charges, etc.) No time limit for this item.	Click the tab key to add additional rows.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None None		
3	Royalties or licenses	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	
V V		t to the following statement to indicate your agreeme	
	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date:		1/10/2023			
Your Name: Manuscript Title:		Yngvi Ólafsson	Yngvi Ólafsson Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery		
Mai	nuscript Number (if k	known): _AO-2022-282/R2 RESUBMISSION - (16644)			
content of your manuscript. "Rela affected by the content of the ma		arency, we ask you to disclose all relationships/activities ript. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activity os/activities/interests should be defined broadly. For e	ot-for-profit third parties whose interests may be int to transparency and does not necessarily interest, it is preferable that you do so.		
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	tem #1 below, report ne for disclosure is th	all support for the work reported in this manuscript we past 36 months.	rithout time limit. For all other items, the time		
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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	□ None Landspitali Research Fund (A-2019-056, A-202-042, A-2021-036) Research fund of Sigridur Larusdottir by			
	charges, etc.) No time limit for this item.	University of Iceland	Click the tab key to add additional rows.		
	charges, etc.) No time limit for	University of Iceland Time frame: past 36 month			
2	charges, etc.) No time limit for				

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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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)
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	
Plea		t to the following statement to indicate your agreeme	

Date:	1/10/2023	
Your Name:	Sólveig Hólmfríður Sverrisdóttir	
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)	
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily tabout whether to list a relationship/activity/interest, it is preferable that you do so.	
epidemiology of hypertension, yo	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 suppo frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time 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)
	No. of the last	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.	Landspitali Research Fund (A-2019-056, A-202-042, A-2021-036) Research fund of Sigridur Larusdottir by University of Iceland	Click the tab key to add additional rows.
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3	Royalties or licenses	None None	

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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None .

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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		
Plea	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.			

Date:		_	1/10/2023		
Your Name:		15	Ingibjorg Gunnarsdottir		
Manuscript Title:			Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery		
Mar	nuscript Number (if kr	nown):	AO-2022-282/R2 RESUBMISSION - (16644)		
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epic		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report a ne for disclosure is the	CONTRACTOR	was to the company of	ithout time limit. For all other items, the time	
			entities with whom you have this	Specifications/Comments (e.g., if payments were	
	10	relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Landsp A-202- Resear	Time frame: Since the initial planning		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Landsp A-202- Resear	Time frame: Since the initial planning one oitali Research Fund (A-2019-056, -042, A-2021-036) och fund of Sigridur Larusdottir by	of the work	
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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None 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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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	
Plea	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.		

Date:			1/10/2023		
Your Name:			Emil Lárus Sigurðsson		
Manuscript Title:			Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery		
Ma	nuscript Number (if l	known):	AO-2022-282/R2 RESUBMISSION - (16644)		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ript. "Relation of the mane in double ps/activition of the mane in double ps/activition of the mane of	rt for the work reported in this manuscript without time limit. For all other items, the time		
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		ike lan	Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	No.	one		
3	Royalties or licenses	⊠ No	one		

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13	Other financial or non-financial interests	None		
2. 0:	Please place an "X" next to the following statement to indicate your agreement:			

	ICIVIJE DISCLOSURE FO	RIVI	
Date: 1/10/2023			
Your Name:	Sigurbergur Kárason		
Manuscript Title: Incidence of modifiable risk factors and their association with infections in primary elective arthroplastic surgery		ir association with infections in primary elective	
Manuscript Number (if known):	AO-2022-282/R2 RESUBMISSION - (16644)		
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