ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Junlong
2. Surname (Last Name)  Zhong
3. Date  18-March-2020
4. Are you the corresponding author?  ☒ No
Corresponding Author’s Name  Huading Lu

5. Manuscript Title
Relationship between body mass index and the risk of periprosthetic joint infection after primary total hip arthroplasty and total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Zhong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Bin

2. Surname (Last Name)  
   Wang

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Huading Lu

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yufeng

2. Surname (Last Name)  
   Chen

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   Yes [ ]  No [✓]

   Corresponding Author's Name  
   Huading Lu

5. Manuscript Title  
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1. Given Name (First Name)  
   Huizi

2. Surname (Last Name)  
   Li

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑
   Corresponding Author’s Name  
   Huading Lu

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Nan

2. Surname (Last Name)  
   Lin

3. Date  
   18-March-2020

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   [ ] Yes  
   [x] No

   Corresponding Author's Name  
   Huading Lu

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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1. Given Name (First Name)  
Xianghe

2. Surname (Last Name)  
Xu

3. Date  
18-March-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Huading Lu

5. Manuscript Title  
Relationship between body mass index and the risk of periprosthetic joint infection after primary total hip arthroplasty and total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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☐ Yes  ✔ No

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Dr. Xu has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.
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   Huading  

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   Lu  

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