Date:	2/16/2022
Your Name:	Dr. Nicholas Bernthal
Manuscript Title:	Adaptive Antimicrobial Resistance: Description of Microbial Variants & Their Relevance in PJI - A Review
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.

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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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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	Click the tab key to add additional rows
		Time frame: past 36 months	S Commence of the Commence of
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None None Do D	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None Zimmer Biomet ONLOS Daichi Sanlyo Irellis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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,	None	

		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)
	society, committee or advocacy group, paid or unpaid		
	Stock or stock options	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

3

Date:	2/16/2022
Your Name:	Dr. Madhav Chowdhry
Manuscript Title:	Adaptive Antimicrobial Resistance - Description of Microbial Variants & Their Relevance in PJI: A Review
Manuscript Number (if known):	BJJ-2021-1759.R1

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3	Royalties or licenses	None Non	
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 Non	
7	Support for attending meetings and/or travel	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,	None ■	

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

Date:	2/16/2022
Your Name:	Dr Christopher Hamad
Manuscript Title:	Adaptive Antimicrobial Resistance: Description of Microbial Variants & Their Relevance in PJI - A Review
Manuscript Number (if known):	BJJ-2021-1759.R1

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4	Consulting fees	None None	
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6	Payment for expert testimony	None Non	
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,	None ■	

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	society, committee or advocacy group, paid or unpaid			
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	nse place an "X" nex	t to the	e following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

Date:	2/16/2022
Your Name:	Edward J. McPherson, MD
Manuscript Title:	Adaptive Antimicrobial Resistance - Description of Microbial Variants & Their Relevance in PJI: A Review
Manuscript Number (if known):	BJJ-2021-1759.R1

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None None None			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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Zimmer-Biomet, Warsaw, IN		licerises		Payments made to me.
Zimmer-Biomet, Warsaw, IN				
Austin Medical Ventures Inc., Memphis, TN Payments made to me. None	4	Consulting fees	□ None	
honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board None J. Bone & Joint Surg Miller Orthopaedic Review Author, Faculty & Speaker. Presentations for Zimmer-Biomet, Warsaw, IN. Payments made to me. Payments made to me.				
honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board None J. Bone & Joint Surg Miller Orthopaedic Review Author, Faculty & Speaker. Presentations for Zimmer-Biomet, Warsaw, IN. Payments made to me. Payments made to me.				
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bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board None None None None None None		*	Presentations for Zimmer-Biomet, Warsaw, IN.	Payments made to me.
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expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board None None None None		writing or educational		
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9 Participation on a Data Safety Monitoring Board or Advisory Board None None	8	issued or	None	
a Data Safety Monitoring Board or Advisory Board		pending		
a Data Safety Monitoring Board or Advisory Board				
Monitoring Board or Advisory Board	9	·	⊠ None	
Advisory Board		Monitoring		
10 Leadership or None				
fiduciary role in	10	Leadership or fiduciary role in	□ None	
other board, Joint Implant Surgery Research Foundation Board Member			Joint Implant Surgery Research Foundation	Board Member

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
m gi	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	2/15/2022
Your Name:	Devin Sindeldecker
Manuscript Title:	Adaptive Antimicrobial Resistance - Description of Microbial Variants & Their Relevance in PJI: A Review
Manuscript Number (if known):	BJJ-2021-1759.R1

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3	Royalties or licenses	None Non	
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6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	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,	None ■	

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	ing statement to indicate your agreeme	

Date:	2/15/2022
Your Name:	Paul Stoodley
Manuscript Title:	Adaptive Antimicrobial Resistance - Description of Microbial Variants & Their Relevance in PJI: A Review
Manuscript Number (if known):	BJJ-2021-1759.R1

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		Time frame: past 36 months	
2	Grants or contracts from	□ None	
	any entity (if not	NIH NIGMS	Grant to institution
	indicated in item	Colgate-Palmolive	Grant to institution
	#1 above).	Proctor and Gamble	Grant to institution
		Biocomposites Ltd	Grant to institution
		Akzo-Nobel	Grant to institution

		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)
3	Royalties or licenses	None	
4	Consulting fees	□ None	
		Dyson	Payment to me
5	Payment or honoraria for lectures,	None	
	presentations, speakers		
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	□ None	
		Faegre Drinker Biddle & Reath LLP	Payments made to me
7	Support for attending	□ None	
	meetings and/or travel	Biocomposites Ltd	Travel expenses reimbursed to me
8	Patents planned, issued or	□ None	
	pending	Device for measuring efficacy of antimicrobial dentifrices	Provisional submitted by Colgate-Palmolive
		Antimicrobial bandage	Provisional submitted by Ohio State
9	Participation on a Data Safety Monitoring	None	
	Board or Advisory Board		
10	Leadership or fiduciary role in	⊠ None	
	other board,		

		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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11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Materials for research Materials for research	Biocomposites Ltd Colgate-Palmolive
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.		