

## ICMJE DISCLOSURE FORM

**Date:** 10/1/2023

**Your Name:** Hong Tai Chen

**Manuscript Title:** The Effect of Surgical Helmet System on Intra-operative Contamination in Arthroplasty Surgery: A Fluorescent Quantitative Simulation

**Manuscript Number (if known):** BJO-2023-0078.R1

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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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:** 10/1/2023

**Your Name:** Kwong Yuen Chiu

**Manuscript Title:** The Effect of Surgical Helmet System on Intra-operative Contamination in Arthroplasty Surgery: A Fluorescent Quantitative Simulation

**Manuscript Number (if known):** BJO-2023-0078.R1

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**Date:** 10/1/2023

**Your Name:** Henry Fu

**Manuscript Title:** The Effect of Surgical Helmet System on Intra-operative Contamination in Arthroplasty Surgery: A Fluorescent Quantitative Simulation

**Manuscript Number (if known):** BJO-2023-0078.R1

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**Manuscript Title:** The Effect of Surgical Helmet System on Intra-operative Contamination in Arthroplasty Surgery: A Fluorescent Quantitative Simulation

**Manuscript Number (if known):** BJO-2023-0078.R1

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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)						
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<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:** 10/1/2023

**Your Name:** Chun Hoi Yan

**Manuscript Title:** The Effect of Surgical Helmet System on Intra-operative Contamination in Arthroplasty Surgery: A Fluorescent Quantitative Simulation

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