

## ICMJE DISCLOSURE FORM

**Date:** 9/11/2023

**Your Name:** Thilo Khakzad

**Manuscript Title:** Microbial spectrum, patient-specific factors and diagnostics in implant-related postoperative spondylodiscitis

**Manuscript Number (if known):** BJO-2023-0087.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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<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:** 9/11/2023

**Your Name:** Zhao Li

**Manuscript Title:** Microbial spectrum, patient-specific factors and diagnostics in implant-related postoperative spondylodiscitis

**Manuscript Number (if known):** BJO-2023-0087.R1

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<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:

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## ICMJE DISCLOSURE FORM

**Date:** 9/11/2023

**Your Name:** Carsten Perka

**Manuscript Title:** Microbial spectrum, patient-specific factors and diagnostics in implant-related postoperative spondylodiscitis

**Manuscript Number (if known):** BJO-2023-0087.R1

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3	Royalties or licenses	<input type="checkbox"/> None	
		DePuy/Synthes	Made to me
		Smith&Nephew	Made to me
		Zimmer	Made to me
4	Consulting fees	<input type="checkbox"/> None	
		DePuy/Synthes	Made to me
		Smith&Nephew	Made to me
		Zimmer	Made to me
		BectonDickinson	Made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	



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	society, committee or advocacy group, paid or unpaid	DGOOC, International Hip Society, German Arthroplasty Registry	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
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**Date:** 9/11/2023

**Your Name:** Lorenz Pichler

**Manuscript Title:** Microbial spectrum, patient-specific factors and diagnostics in implant-related postoperative spondylodiscitis

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**Date:** 9/11/2023

**Your Name:** Matthias Pumberger

**Manuscript Title:** Microbial spectrum, patient-specific factors and diagnostics in implant-related postoperative spondylodiscitis

**Manuscript Number (if known):** BJO-2023-0087.R1

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<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>									

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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<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:** 9/11/2023

**Your Name:** Friederike Schömig

**Manuscript Title:** Microbial spectrum, patient-specific factors and diagnostics in implant-related postoperative spondylodiscitis

**Manuscript Number (if known):** BJO-2023-0087.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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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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						



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