**ICMJE DISCLOSURE FORM**

**Date:\_6/20/2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_Antonia Chen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_JBJS Deputy Editor**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript number (if known):\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.**

**The following questions apply to the** **author’s relationships/activities/interests as they relate to the current**

**manuscript only.**

**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** | | | | |
| 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.** | \_\_x\_\_None | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Time frame: past 36 months** | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | \_\_\_\_None | Clinical Process Improvement Leadership Program (CPIP), Foundation for Arthroplasty Research and Education, National Institutes of Health/NIAMS, The Knee Society, Vela Foundation, RJOS/Zimmer Biomet Clinical/Basic Science Research Grant, Orthopaedic Trauma Association, Agency for Healthcare Research and Quality (AHRQ) and Patient Centered Outcomes Research Initiative (PCORI) Large Conference Grant Program, AAOS BOS Quality and Patient Safety Action Fund, CMS | |
|  |  | |
|  |  | |
| 3 | Royalties or licenses | \_\_\_\_None | Stryker, SLACK Incorporated, UpToDate | |
|  |  | |
|  |  | |
| 4 | Consulting fees | \_\_\_\_None | Adaptive Phage Therapeutics, Avanos, BICMD, Convatec, Ethicon, GLG, Guidepoint, Heraeus, IrriMax, Peptilogics, Pfizer, Stryker, Smith and Nephew | |
|  |  | |
|  |  | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | \_\_x\_\_None |  | |
|  |  | |
|  |  | |
| 6 | Payment for expert testimony | \_\_x\_\_None |  | |
|  |  | |
|  |  | |
| 7 | Support for attending meetings and/or travel | \_\_x\_\_None |  | |
|  |  | |
|  |  | |
| 8 | Patents planned, issued or pending | \_\_x\_\_None |  | |
|  |  | |
|  |  | |
| 9 | Participation on a Data  Safety Monitoring Board or Advisory Board | \_\_x\_\_None |  | |
|  |  | |
|  |  | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | \_\_\_\_None | AAOS, AJRR, AAHKS | |
|  |  | |
|  |  | |
| 11 | Stock or stock options | \_\_\_\_None | Hyalex,IrriMax, Osteal Therapeutics, Sonoran, IlluminOss | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | \_\_x\_\_None |  | |
|  |  | |
|  |  | |
| 13 | Other financial or non-financial interests | \_\_\_\_None | Editorial boards - Journal of Bone and Joint Surgery; Journal of Arthroplasty; Clinical Orthopaedics and Related Research; Journal of Bone and Joint Infection; Knee Surgery, Sports Traumatology, Arthroscopy; Journal of Orthopaedic Research; Arthroplasty Today | |

**Please place an “X” next to the following statement to indicate your agreement:**

**\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this**

**form.**