ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   ANNE

2. Surname (Last Name)  
   BASS

3. Date  
   30-April-2017

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

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**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  ☐ Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property — Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes  ☑ No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. BASS reports grants from Weill Cornell Clinical & Translational Science Center (UL1TR000457-06), other from Pfizer, other from Abbott labs, during the conduct of the study.

Evaluation and Feedback

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ICMJ Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jackie
2. Surname (Last Name) Szyminofka
3. Date 08-May-2017

4. Are you the corresponding author? ☐ Yes ☐ No
   Corresponding Author’s Name
   Dr. Anne Bass

5. Manuscript Title
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☐ No

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Szymonifka has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Rondina
3. Date  12-May-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Anne Bass

5. Manuscript Title
Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Rondina has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Margaret

2. Surname (Last Name)  
   Bogardus

3. Date  
   08-May-2017

4. Are you the corresponding author?  
   Yes  ☑  No  
   Corresponding Author's Name  
   Anne R Bass, MD

5. Manuscript Title  
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ☑  Yes  ☑  No

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Are there any relevant conflicts of interest?  ☑  Yes  ☑  No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑  Yes  ☑  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Margaret Bogardus has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mitchell

2. Surname (Last Name)  
   Scott

3. Date  
   08-May-2017

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author's Name  
   Anne Bass

5. Manuscript Title  
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✓ No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Scott
2. Surname (Last Name) Stevens
3. Date 08-May-2017

4. Are you the corresponding author? 
   [ ] Yes [x] No
   Corresponding Author’s Name

5. Manuscript Title
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? [ ] Yes [x] No

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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Dr. Stevens has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   SCOTT

2. Surname (Last Name)  
   WOLLER

3. Date  
   08-May-2017

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author's Name  
   ANNE R. BASS, MD

5. Manuscript Title  
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

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Dr. WOLLER has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  charles
2. Surname (Last Name)  eby
3. Date  09-May-2017
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name

5. Manuscript Title
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

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Section 6. Disclosure Statement

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Dr. eby reports grants from Siemens Healthcare Diagnostics, personal fees from Boehringer Engelheim pharmaceutical, personal fees from Bayer pharmaceutical, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kerri

2. Surname (Last Name)  
   Merritt

3. Date  
   08-May-2017

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author's Name  
   Anne Bass, MD

5. Manuscript Title  
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Ms. Merritt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gerard

2. Surname (Last Name)  
   Moskowitz

3. Date  
   09-May-2017

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author's Name  
   Ann Bass

5. Manuscript Title  
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

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Dr. Moskowitz has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Alejandro
2. Surname (Last Name)  Gonzalez Della Valle
3. Date  09-May-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name

5. Manuscript Title
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Gonzalez Della Valle has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Eva

2. Surname (Last Name)  
   Flores

3. Date  
   09-May-2017

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Flores has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Brian

2. **Surname (Last Name)**  
   Gage

3. **Date**  
   08-May-2017

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   **Corresponding Author's Name**  
   Anne Bass, MD

5. **Manuscript Title**  
   Perioperative myocardial injury and inflammation: a randomized controlled trial of atorvastatin in orthopedic patients

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   □ Yes  ✔ No

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Ownership of stock in at least 1 pharmaceutical company that markets or manufactures statins

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Dr. Gage reports and Ownership of stock in at least 1 pharmaceutical company that markets or manufactures statins.

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