

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name) Colin	2. Surname (Last Name) Howie	3. Effective Date (07-August-2008) 14-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr David Hamilton
5. Manuscript Title Reduction in patient outcomes, but implant derived preservation of function 8-years following total knee arthroplasty: Longitudinal follow-up of a randomised controlled trial		
6. Manuscript Identifying Number (if you know it) BJJ-2019-0767.R2		

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker		X
						ADD

* This means money that your institution received for your efforts on this study.

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker		X
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1. Given Name (First Name) David	2. Surname (Last Name) Hamilton	3. Effective Date (07-August-2008) 20-February-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Reduction in patient outcomes, but implant derived preservation of function 8-years following total knee arthroplasty: Longitudinal follow-up of a randomised controlled trial		
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1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker		X
						ADD

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5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker		X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stryker		X
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1. Given Name (First Name) Gavin	2. Surname (Last Name) Macpherson	3. Effective Date (07-August-2008) 20-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Hamilton
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1. Given Name (First Name) James	2. Surname (Last Name) Patton	3. Effective Date (07-August-2008) 20-February-2020
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1. Given Name (First Name) Hamish	2. Surname (Last Name) Simpson	3. Effective Date (07-August-2008) 17-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Hamilton
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1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD

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1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BJJ		X
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						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		to the depts from ESPRC, AR-UK, OTCF, Stryker & Depuy	X
						ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
9. Royalties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	books published by Elsevier and Thieme		X
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1. Identifying Information

1. Given Name (First Name) Simpson	2. Surname (Last Name) Hamish	3. Effective Date (07-August-2008) 20-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Hamilton
5. Manuscript Title Reduction in patient outcomes, but implant derived preservation of function 8-years following total knee arthroplasty: Longitudinal follow-up of a randomised controlled trial		
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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker		X
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Section 1. Identifying Information

1. Given Name (First Name) Richard	2. Surname (Last Name) Burnett	3. Effective Date (07-August-2008) 20-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Hamilton
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1. Given Name (First Name) Paul 2. Surname (Last Name) Gaston 3. Effective Date (07-August-2008) 20-February-2020

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