

ICMJE DISCLOSURE FORM

Date: 1/12/2023

Your Name: Fares S. Haddad

Manuscript Title: Annotation: Consensus Statements: When and How?

Manuscript Number (if known): BJJ-2023-0048

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 | | | | | | | | | | | | | |
| 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. | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | | | | | | | Click the tab key to add additional rows. | | | | |
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| Time frame: past 36 months | | | | | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">Stryker. Multiple research study grants.</td><td> </td></tr> <tr><td style="height: 20px;">Smith and Nephew research grants.</td><td> </td></tr> <tr><td style="height: 20px;">Corin research grants.</td><td> </td></tr> <tr><td style="height: 20px;">International Olympic Committee research grants</td><td> </td></tr> <tr><td style="height: 20px;">NIHR research grants</td><td> </td></tr> </table> | Stryker. Multiple research study grants. | | Smith and Nephew research grants. | | Corin research grants. | | International Olympic Committee research grants | | NIHR research grants | | |
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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) |
|----|--|--|---|
| 3 | Royalties or licenses | <input type="checkbox"/> None | |
| | | Smith and Nephew to Fares S Haddad | |
| | | Stryker to Fares S Haddad | |
| | | Corin To Fares S Haddad | |
| | | MatOrtho to Fares S Haddad | |
| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Stryker to Fares S Haddad | |
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Stryker | |
| | | Smith and Nephew | |
| | | Zimmer | |
| | | AO Recon | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | Stryker | |
| | | Smith and Nephew | |
| | | AO Recon | |
| | | Bone and Joint Journal | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, | <input type="checkbox"/> None | |
| | | Bone and Joint Journal Editorial Board | |

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|-----------|--|--|---|
| | society, committee or advocacy group, paid or unpaid | Trustee British Orthopaedic Association Bostaa Executive Committee | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 1/13/2023

Your Name: Robert F. LaPrade MD, PhD

Manuscript Title: Consensus Statements: When and How

Manuscript Number (if known): BJJ-2023-0048

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Ossur</td><td>Research grant</td></tr> <tr><td>Smith and Nephew</td><td>Research Grant</td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | Ossur | Research grant | Smith and Nephew | Research Grant | | | |
| Ossur | Research grant | | | | | | | | |
| Smith and Nephew | Research Grant | | | | | | | | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
| | | Arthrex | Royalties |
| | | Ossur | Royalties |
| | | Smith and Nephew | Royalties |
| | | Elsevier | Royalties |
| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Ossur | Consultant |
| | | Smith and Nephew | Consultant |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
| | | Ossur | Rebound braces |
| | | Smith and Nephew | Meniscal root repair |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
| | | AJSM, KSTA, JEO, JKS, OTSM | Editorial boards |
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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: 1/19/2023

Your Name: Navnit Makaram

Manuscript Title: Consensus Statements: When and How?

Manuscript Number (if known): BJJ-2023-0048

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| | society, committee or advocacy group, paid or unpaid | | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: Click or tap to enter a date. 07.02.2023

Your Name: Click or tap here to enter text. IAIW ROBERT MURRAY

Manuscript Title: Click or tap here to enter text. CONSENSUS STATEMENT: WHEN AND HOW

Manuscript Number (if known): Click or tap here to enter text. BJJ - 2023 - 0048

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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