

ICMJE DISCLOSURE FORM

Date: 8/3/2023

Your Name: Katrina R. Bell

Manuscript Title: Fifteen-year prospective longitudinal cohort study of outcomes following single radius total knee arthroplasty: patient reported outcome measures, response attrition and survival

Manuscript Number (if known): BJO-2023-0086.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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 8/8/2023

Your Name: William Cawley

Manuscript Title: Fifteen-year prospective longitudinal cohort study of outcomes following single radius total knee arthroplasty: patient reported outcome measures, response attrition and survival.

Manuscript Number (if known): BJO-2023-0086.R1

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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: 8/8/2023

Your Name: Nick Clement

Manuscript Title: Fifteen-year prospective longitudinal cohort study of outcomes following single radius total knee arthroplasty: patient reported outcome measures, response attrition and survival.

Manuscript Number (if known): BJO-2023-0086.R1

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ICMJE DISCLOSURE FORM

Date: 8/8/2023

Your Name: Deborah Macdonald

Manuscript Title: Fifteen-year prospective longitudinal cohort study of outcomes following single radius total knee arthroplasty: patient reported outcome measures, response attrition and survival

Manuscript Number (if known): BJO-2023-0086.R1

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ICMJE DISCLOSURE FORM

Date: 8/9/2023

Your Name: Gavin Macpherson

Manuscript Title: Fifteen-year prospective longitudinal cohort study of outcomes following single radius total knee arthroplasty: patient reported outcome measures, response attrition and survival.

Manuscript Number (if known): BJO-2023-0086.R1

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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Stryker</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>	Stryker						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Stryker</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>	Stryker						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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>							
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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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 8/8/2023

Your Name: Chloe Scott

Manuscript Title: Fifteen-year prospective longitudinal cohort study of outcomes following single radius total knee arthroplasty: patient reported outcome measures, response attrition and survival

Manuscript Number (if known): BJO-2023-0086.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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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: 8/8/2023

Your Name: Gordon Thomas Snowden

Manuscript Title: Fifteen-year prospective longitudinal cohort study of outcomes following single radius total knee arthroplasty: patient reported outcome measures, response attrition and survival.

Manuscript Number (if known): BJO-2023-0086.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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ICMJE DISCLOSURE FORM

Date: 8/8/2023

Your Name: Liam Yapp

Manuscript Title: Fifteen-year prospective longitudinal cohort study of outcomes following single radius total knee arthroplasty: patient reported outcome measures, response attrition and survival

Manuscript Number (if known): BJO-2023-0086.R1

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