

ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: [SN van Laarhoven]

Manuscript Title: Acceptable migration of a fully cemented hinge-type knee revision system, measured in 20 patients with model-based RSA with a 2 year follow-up

Manuscript Number (if known): AO-20220434/R2 (16890)

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 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.

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Date: 3/21/2023

Your Name: Malou te Molder

Manuscript Title: Acceptable migration of a fully cemented hinge-type knee revision system, measured in 20 patients with model-based RSA with a 2 year follow-up

Manuscript Number (if known): AO-20220434/R2 (16890)

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Date: 3/22/2023

Your Name: GG van Hellemond

Manuscript Title: Acceptable migration of a fully cemented hinge-type knee revision system, measured in 20 patients with model-based RSA with a 2 year follow-up

Manuscript Number (if known): AO-20220434/R2 (16890)

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Your Name: Petra Heesterbeek

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		Board member of the International RSA society	Unpaid
		Board member of the International Society for Technology in Arthroplasty (ISTA)	Unpaid
		Board member of the Dutch Orthopedic Science Collaboration	Unpaid

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.