

# ICMJE DISCLOSURE FORM

**Date:** 9/6/2023

**Your Name:** Jennifer Hurry

**Manuscript Title:** A low dose biplanar x-ray imager has RSA level precision in total knee arthroplasty

**Manuscript Number (if known):** ACTA ORTHOP ms no 15314

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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Time frame: Since the initial planning of the work								
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Provisional patent submitted on removing movement artifacts from scanning x-ray images	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							

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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:** 9/6/2023

**Your Name:** Alan Spurway

**Manuscript Title:** A low dose biplanar x-ray imager has RSA level precision in total knee arthroplasty

**Manuscript Number (if known):** ACTA ORTHOP ms no 15314

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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="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>									
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# ICMJE DISCLOSURE FORM

**Date:** 9/6/2023

**Your Name:** Elise Laende

**Manuscript Title:** A low dose biplanar x-ray imager has RSA level precision in total knee arthroplasty

**Manuscript Number (if known):** ACTA ORTHOP ms no 15314

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Board or committee member with the Canadian RSA network	



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**Date:** 9/6/2023

**Your Name:** Saad Rehan

**Manuscript Title:** A low dose biplanar x-ray imager has RSA level precision in total knee arthroplasty

**Manuscript Number (if known):** ACTA ORTHOP ms no 15314

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## ICMJJE DISCLOSURE FORM

**Date:** 9/6/2023

**Your Name:** Janie Astephen Wilson

**Manuscript Title:** A low dose biplanar x-ray imager has RSA level precision in total knee arthroplasty

**Manuscript Number (if known):** ACTA ORTHOP ms no 15314

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Board or committee member with the Canadian Society for Biomechanics	
		Board or committee member with Bone and Joint Canada	

		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)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	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:** 9/6/2023

**Your Name:** Michael Dunbar

**Manuscript Title:** A low dose biplanar x-ray imager has RSA level precision in total knee arthroplasty

**Manuscript Number (if known):** ACTA ORTHOP ms no 15314

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.

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								
<b>1</b>	<input type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Atlantic Canada Opportunities Agency (AIF grant #199377) with EOS imaging and Halifax Biomedical Inc. as industrial partners</td> <td style="width: 40%;">Funding and in-kind support supplied to the IWK Health Centre</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Atlantic Canada Opportunities Agency (AIF grant #199377) with EOS imaging and Halifax Biomedical Inc. as industrial partners	Funding and in-kind support supplied to the IWK Health Centre			<small>Click the tab key to add additional rows.</small>		<p>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b></p>
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Stryker								
<b>3</b>	<input type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Stryker</td> <td style="width: 40%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Stryker				<p>Royalties or licenses</p>		
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Board or committee member with the International RSA society	
		Editorial board member with the Journal of Bone and Joint Surgery	
		Editorial board member with Knee Journal	

		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	
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	

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# ICMJE DISCLOSURE FORM

**Date:** 9/6/2023

**Your Name:** Ron El-Hawary

**Manuscript Title:** A low dose biplanar x-ray imager has RSA level precision in total knee arthroplasty

**Manuscript Number (if known):** ACTA ORTHOP ms no 15314

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Board or committee member for Children's Spine Foundation</td> <td></td> </tr> <tr> <td>Board or committee member for the Pediatric Orthopaedic Society of North America</td> <td></td> </tr> <tr> <td>Board or committee member for the Pediatric Spine Study Group</td> <td></td> </tr> <tr> <td>Board or committee member for the Scoliosis Research Society</td> <td></td> </tr> </table>	Board or committee member for Children's Spine Foundation		Board or committee member for the Pediatric Orthopaedic Society of North America		Board or committee member for the Pediatric Spine Study Group		Board or committee member for the Scoliosis Research Society		
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11	Stock or stock options	<input type="checkbox"/> None	
		Orthopediatrics	
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	

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