

ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Raymond Puijk

Manuscript Title: Migration of total knee replacements; an updated systematic review and meta-analysis

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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: 3/23/2023

Your Name: Rowan Hendrik Puijk

Manuscript Title: Migration of total knee replacements; an updated systematic review and meta-analysis

Manuscript Number (if known): [Click or tap here to enter text.]

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 2023-04-05

Your Name: Elise Laende

Manuscript Title: Migration of total knee replacements; an updated systematic review and meta-analysis

Manuscript Number (if known): [Click or tap here to enter text.]

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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		Canadian Radiostereometric Analysis Network	

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ICMJE DISCLOSURE FORM

Date: April 12, 2023

Your Name: Michael Dunbar

Manuscript Title: Migration of total knee replacements; an updated systematic review and meta-analysis

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: José W.M. Plevier

Manuscript Title: Migration of total knee replacements; an updated systematic review and meta-analysis

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 3/30/2023

Your Name: Prof dr. P.A. Nolte

Manuscript Title: Migration of total knee replacements; an updated systematic review and meta-analysis

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 4/5/2023

Your Name: Bart G Pijls

Manuscript Title: Migration of total knee replacements; an updated systematic review and meta-analysis

Manuscript Number (if known): Click or tap here to enter text.

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