

## ICMJE DISCLOSURE FORM

**Date:** 7/6/2023

**Your Name:** Walter van der Weegen

**Manuscript Title:** A Simplified, Two-Question Grading System for Evaluating Abstracts in Orthopedic Scientific Meetings: A Randomized Crossover Study

**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.

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>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		European Hip Society Scientific Committee member	Unpaid
		Nederlandse Orthopaedische Vereniging Commissie Wetenschap en Innovatie member	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	
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:** 7/5/2023

**Your Name:** Jeroen van Egmond

**Manuscript Title:** A Simplified, Two-Question Grading System for Evaluating Abstracts in Orthopedic Scientific Meetings: A Randomized Crossover Study

**Manuscript Number (if known):** Not applicable

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None  <table border="1"><tr><td>Nederlandse Orthopaedische Vereniging Commissie Wetenschap en Innovatie member</td><td>Unpaid</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Nederlandse Orthopaedische Vereniging Commissie Wetenschap en Innovatie member	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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## ICMJE DISCLOSURE FORM

**Date:** 7/5/2023

**Your Name:** Ruth Geuze

**Manuscript Title:** A Simplified, Two-Question Grading System for Evaluating Abstracts in Orthopedic Scientific Meetings: A Randomized Crossover Study

**Manuscript Number (if known):** Not applicable

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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	

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## ICMJE DISCLOSURE FORM

**Date:** 7/5/2023

**Your Name:** Taco Gosens

**Manuscript Title:** A Simplified, Two-Question Grading System for Evaluating Abstracts in Orthopedic Scientific Meetings: A Randomized Crossover Study

**Manuscript Number (if known):** Not applicable

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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	
		Co-editor Acta Orthopaedica	
		Nederlandse Orthopaedische Vereniging	unpaid
		Commissie Wetenschap en Innovatie member	

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## ICMJE DISCLOSURE FORM

**Date:** 7/5/2023

**Your Name:** Barbara Snoeker

**Manuscript Title:** A Simplified, Two-Question Grading System for Evaluating Abstracts in Orthopedic Scientific Meetings: A Randomized Crossover Study

**Manuscript Number (if known):** Not applicable

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## ICMJE DISCLOSURE FORM

**Date:** 7/5/2023

**Your Name:** Rudolf Poolman

**Manuscript Title:** A Simplified, Two-Question Grading System for Evaluating Abstracts in Orthopedic Scientific Meetings: A Randomized Crossover Study

**Manuscript Number (if known):** Not applicable

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7	Support for attending meetings and/or travel	<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>							
8	Patents planned, issued or pending	<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>							
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>Nederlandse Orthopaedische Vereniging Commissie Wetenschap en Innovatie member</td><td>unpaid</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Nederlandse Orthopaedische Vereniging Commissie Wetenschap en Innovatie member	unpaid					
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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)
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.