Date:	3/22/2024
Your Name:	Derek J Pegg
Manuscript Title:	The completeness of national joint replacement registers from around the globe
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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 o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Writing, review and editing process	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	IHold leadership position in the National Joint Registry (UK) to provide data quality assurance	Funded for time committed for this activity
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	Funded for time committed for this activity

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	3/21/2024
Your Name:	Eric Bohm
Manuscript Title:	The completeness of national joint replacement registers from around the globe
Manuscript Number (if known):	Click or tap here to enter text.

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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.

H		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
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	None  Time frame: past 36 month  None  Smith & Nephew DePuy CIHR Hip Innovation Technology	Click the tab key to add additional rows.
		Zimmer Arthritis Society Canada	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Stryker	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	President, International Society of Arthroplasty Registries President, Canadian Arthroplasty Society Chair, Canadian Joint Replacement Registry Advisory Board	

			all entities with whom you have this nship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	3/22/2024
Your Name:	Ove Furnes
Manuscript Title:	The completeness of national joint replacement registers from around the globe
Manuscript Number (if known):	Click or tap here to enter text.

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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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Time frame: Since the initial planning  None	g of the work  Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

1 12/13/2021 ICMJE Disclosure Form

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Heraeus Medical Ortomedic AS	Lecture payment to me and my institution  Lecture payment to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None  None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		ame all entities with whom you have this lationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

3/21/2024	
Jonathan French	
The completeness of national joint replacement registers from around the globe	
Click or tap here to enter text.	

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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	, , , , , , , , , , , , , , , , , , , ,	
		Time frame: Since the initial planning of	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.	
		Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Orthopaedic Research UK British Hip Society	MSK Grand Challenge Fellowship Award, funded clinical research fellowship	
3	Royalties or licenses	None None		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None  None	
Plea 🖂	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.		

Date:	3/22/2024
Your Name:	Anne Lübbeke
Manuscript Title:	The completeness of national joint replacement registers from around the globe
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Time frame: Since the initial planning of the work    Support for the resent	
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

ľ			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	I am President elect of ISAR. The position is 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	3/22/2024	
Your Name:	Ginny Willis	
Manuscript Title:	The completeness of national joint replacement registers from around the globe	
Manuscript Number (if known):	Click or tap here to enter text.	

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			tions/Comments (e.g., if payments were you or to your institution)
		Time frame: Since the initial planning of the work	•
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Click the tab	key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

ľ			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	I am President elect of ISAR. The position is unpaid.	

			all entities with whom you have this nship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	3/22/2024
Your Name:	Anne Marie Fenstad
Manuscript Title:	The completeness of national joint replacement registers from around the globe
Manuscript Number (if known):	Click or tap here to enter text.

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		e all entities with whom you have this onship 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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:25/03/2024	
Your Name:Adrian Sayers	
Manuscript Title: The completeness of national joint replacement registers from around the globe	
Manuscript number (if known):	

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Healthcare Quality Improvement Partnership: National joint Registry	AS is a statistician of the Lot 2 contract for statistical analysis and support for the National Joint Registry
3	Royalties or licenses	_X_None	
4	Consulting fees	_XNone	

_			
5	Payment or honoraria for lectures, presentations,	_XNone	_XNone
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	International Society of Arthroplasty Registers	Benchmarking working group chariman
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

Please place an "X" next to the following statement to indicate your agreement:

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	3/22/2024
Your Name:	Ciminello Enrico
Manuscript Title:	The completeness of national joint replacement registers from around the globe
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		e all entities with whom you have this onship 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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/29/2024	
Your Name:	Ola Rolfson	
Manuscript Title:	The completeness of national joint replacement registers from around the globe	
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.

li		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		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.	
		Time frame: past 36 month	is	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None		
3	Royalties or licenses	None		

		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)
4	Consulting fees	□ None	
		Link Sweden	Research consultancy, personal compensation
5	Payment or	□ None	
	honoraria for lectures, presentations, speakers bureaus,	Link Sweden ZimmerBiomet	Personal compensation educational events Personal compensation educational events
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	⊠  None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board	Novartis	Personal compensation advisory board
10	Leadership or fiduciary role in other board,	None   International society of arthroplasty registries	Immediate past president, board member,
	society, committee or advocacy group,	Swedish Arthroplasty Register CORR	unpaid  Director, compensation through my employer  Deputy editor, unpaid
	paid or unpaid	COM	Deputy Cultor, 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	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	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.			

Date:	25/03/2024
Your Name:_	Kevin Deere
Manuscript T	itle: The completeness of national joint replacement registers from around the globe
Manuscript n	number (if known):

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Healthcare Quality Improvement Partnership: National joint Registry	KD is employed on the Lot 2 contract for statistical analysis and support for the National Joint Registry
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	Name	
13	Other financial or non-	xNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:25/03/2024
Your Name:Michael Richard Whitehouse
Manuscript Title: The completeness of national joint replacement registers from around the globe
Manuscript number (if known):

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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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Healthcare Quality Improvement Partnership: National joint Registry	MRW is PI of the Lot 2 contract for statistical analysis and support for the National Joint Registry
3	Royalties or licenses	Taylor and Francis	MRW is an editor of two general orthopaedic textbooks for which he receives royalties

4	Consulting fees	_XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Heraeus	MRW undertakes teaching on basic sciences for Orthopaedic trainees preparing for the FRCS and on courses on the principles and performance of total hip replacements for trainees. His institution receives market rate payment for this teaching from Heraeus.
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society,	Bone Joint Journal, Hip International	Editorial board member
	committee or advocacy group, paid or unpaid	British Orthopaedic Association, British Hip Scoiety	Research committee member
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

Please place an "X" next to the following statement to indicate your agreement:

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:		_	4/22/2024		
Your Name:		_	Soren Overgaard		
Manuscript Title:		-	The completeness of national joint repla	acement registers from around the globe	
Mar	nuscript Number (if k	known):			
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in double the author's relationships/activit epidemiology of hypertension, you that medication is not mentioned."		ipt. "Rela of the man e in doubt os/activitie nsion, you entioned i all suppor	ort for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this hip 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	
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3	Royalties or licenses	⊠ No	ne		

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None   J&J   Heraeus	Personal payment lecture Payment to institution: lectures and course moderator
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	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.			

Date:	3/22/2024
Your Name:	Marina Torre
Manuscript Title:	The completeness of national joint replacement registers from around the globe
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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Date	e:	-	3/21/2024		
You	r Name:	-	Riccardo Valentini		
Mai	nuscript Title:	-	The completeness of national joint replacer	nent registers from around the globe	
Mai	nuscript Number (if kr	nown):	Click or tap here to enter text.		
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			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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2	Grants or	f 1	200		
	contracts from any entity (if not indicated in item #1 above).	□ No	one		

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4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None	
Plea	ise place an "X" nex	t to the following statement to indicate your agreeme	nt:
	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date:	April 2 <sup>nd</sup> 2024Click or tap to enter a date.
Your Name:	Geir Hallan
Manuscript Title:	The completeness of national joint replacement registers from around the globe
Manuscript Number (if known):	Click or tap here to enter text.

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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ×	•	e following statement to indicate your agreeme ered every question and have not altered the wo	

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Yo	ur Name:	_	Click or tap here to enter te	ext. KE	750 MAKEZA	/ degle Mintel	
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