

**ICMJE DISCLOSURE FORM**

**Date:** 11/21/2024

**Your Name:** Michelle Khan

**Manuscript Title:** Effect of tourniquet on short-term implant survival after primary total knee arthroplasty; a study of 13,760 knees collected from the Norwegian Arthroplasty Register between 2018-2021

**Manuscript Number (if known):** AO-2024-414/R1 RESUBMISSION - (18143)

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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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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**Your Name:** Stein Håkon Låstad Lygre

**Manuscript Title:** Effect of tourniquet on short-term implant survival after primary total knee arthroplasty; a study of 13,760 knees collected from the Norwegian Arthroplasty Register between 2018-2021

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**Your Name:** Mona Badawy

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**Your Name:** Otto Schnell Husby

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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:** 11/29/2024

**Your Name:** Geir Hallan

**Manuscript Title:** Effect of tourniquet on short-term implant survival after primary total knee arthroplasty; a study of 13,760 knees collected from the Norwegian Arthroplasty Register between 2018-2021

**Manuscript Number (if known):** AO-2024-414/R1 RESUBMISSION - (18143)

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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.

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		<small>Click the tab key to add additional rows.</small>					
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>					
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**ICMJE DISCLOSURE FORM**

**Date:** 11/21/2024

**Your Name:** Paul Johan Høl

**Manuscript Title:** Effect of tourniquet on short-term implant survival after primary total knee arthroplasty; a study of 13,760 knees collected from the Norwegian Arthroplasty Register between 2018-2021

**Manuscript Number (if known):** AO-2024-414/R1 RESUBMISSION - (18143)

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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 type="checkbox"/> None	
		Heraeus Medical	Personal payment for a lecture at Palacademy about cementation technique
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	
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**ICMJE DISCLOSURE FORM**

**Date:** 11/21/2024

**Your Name:** Jan-Erik Gjertsen

**Manuscript Title:** Effect of tourniquet on short-term implant survival after primary total knee arthroplasty; a study of 13,760 knees collected from the Norwegian Arthroplasty Register between 2018-2021

**Manuscript Number (if known):** AO-2024-414/R1 RESUBMISSION - (18143)

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		LINK Norway	Lecture fee
		Smith % Nephew	Lecture fee
		Ortomedic	Lecture fee
		Heraeus Medical	Lecture fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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**Date:** 11/21/2024

**Your Name:** Ove Furnes

**Manuscript Title:** Effect of tourniquet on short-term implant survival after primary total knee arthroplasty; a study of 13,760 knees collected from the Norwegian Arthroplasty Register between 2018-2021

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Heraeus Medical	Lectures fees on cementing technique paid to me or my departement								
Ortomedic AS	Lectures fees on knee replacement paid to me								
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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.