

ICMJE DISCLOSURE FORM

Date: 27.06.2025

Your Name: Harald Nagelgaard Omenås

Manuscript Title: Patellofemoral arthroplasty –patient demographics and revision causes differ from total and medial unicompartmental knee arthroplasty.

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 06.01.2025

Your Name: Einar lindalen

Manuscript Title: Patellofemoral arthroplasty –patient demographics and revision causes differ from total and medial unicompartmental knee arthroplasty.

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

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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	
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ICMJE DISCLOSURE FORM

Date: 05.01.2025

Your Name: Ove Furnes

Manuscript Title: Patellofemoral arthroplasty –patient demographics and revision causes differ from total and medial unicompartmental knee arthroplasty.

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

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Heraeus Medical	Payment for lectures in cementation technique for hip and knee replacement
		Ortomedic	Payment for lectures in knee replacement
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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: 25-01-05

Your Name: Anne Marie Fenstad

Manuscript Title: Patellofemoral arthroplasty –patient demographics and revision causes differ from total and medial unicompartmental knee arthroplasty.

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

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ICMJE DISCLOSURE FORM

Date: 06.01.2024

Your Name: Mona Badawy

Manuscript Title: Patellofemoral arthroplasty –patient demographics and revision causes differ from total and medial unicompartmental knee arthroplasty.

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