

ICMJE DISCLOSURE FORM

Date: 4/24/2026

Your Name: Siri Heijbel

Manuscript Title: Patient injuries after total hip arthroplasty for osteoarthritis in Sweden over 10 years.

Manuscript Number (if known): AO-2025-279/R2 RESUBMISSION - (18655)

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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ICMJE DISCLOSURE FORM

Date: 4/21/2026

Your Name: Sabina Rahmanian

Manuscript Title: Patient injuries after total hip arthroplasty for osteoarthritis in Sweden over 10 years.

Manuscript Number (if known): AO-2025-279/R2 RESUBMISSION - (18655)

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

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Date: 260424

Your Name: Harald Brismar

Manuscript Title: Patient injuries after total hip arthroplasty for osteoarthritis in Sweden over 10 years.

Manuscript Number (if known): AO-2025-279/R2 RESUBMISSION - (18655)

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Date: 4/20/2026

Your Name: Pelle Gustafson

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Manuscript Number (if known): AO-2025-279/R2 RESUBMISSION - (18655)

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Date: 4/21/2026

Your Name: Annette W-Dahl

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Manuscript Number (if known): AO-2025-279/R2 RESUBMISSION - (18655)

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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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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: 4/21/2026

Your Name: Margareta Hedström

Manuscript Title: Patient injuries after total hip arthroplasty for osteoarthritis in Sweden over 10 years.

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