ICMJE DISCLOSURE FORM

Date: 11/26/2025

Your Name: Beate Hauglann

Manuscript Title: Patient choice of healthcare provider for primary hip and knee arthroplasty: a national register-based observational cohort study of 62,676 patients from Norway, 2014-2018

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			
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			
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**	
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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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**	

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ICMJE DISCLOSURE FORM

Date: 11/11/2025

Your Name: Cato Kjærvik

Manuscript Title: Patient choice of healthcare provider for primary hip and knee arthroplasty: a national register-based observational cohort study of 62,676 patients from Norway, 2014-2018

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

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ICMJE DISCLOSURE FORM

Date: 11/17/2025

Your Name: Eva Stensland

Manuscript Title: Patient choice of healthcare provider for primary hip and knee arthroplasty: a national register-based observational cohort study of 62,676 patients from Norway, 2014-2018

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

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ICMJE DISCLOSURE FORM

Date: 11/12/2025

Your Name: Yohannes Tesfay

Manuscript Title: Patient choice of healthcare provider for primary hip and knee arthroplasty: a national register-based observational cohort study of 62,676 patients from Norway, 2014-2018

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

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ICMJE DISCLOSURE FORM

Date: 11/12/2025

Your Name: Anne Marie Fenstad

Manuscript Title: Patient choice of healthcare provider for primary hip and knee arthroplasty: a national register-based observational cohort study of 62,676 patients from Norway, 2014-2018

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

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ICMJE DISCLOSURE FORM

Date: 11/12/2025

Your Name: Ove Furnes

Manuscript Title: Patient choice of healthcare provider for primary hip and knee arthroplasty: a national register-based observational cohort study of 62,676 patients from Norway, 2014-2018

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	☐ **None**	
		Ortomedic AS	Payment for lectures in knee replacement
		Heraeus medical	Payment for lectures in cementation technique for knee replacement
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 11/17/2025

Your Name: Tor Ingebrigtsen

Manuscript Title: Patient choice of healthcare provider for primary hip and knee arthroplasty: a national register-based observational cohort study of 62,676 patients from Norway, 2014-2018

Manuscript Number (if known): N.a.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		The Norwegian Neurosurgical Society	President, Board-member
		The Norwegian Cancer Society	Deputy President, Board-member
		The Norwegian Air Ambulance Foundation	Board-member

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