## **ICMJE DISCLOSURE FORM**

Dat	te:	220102			
Your Name:		Maria Cöster	Maria Cöster		
Manuscript Title:		Patient reported outcome for 17,648 patients registers before and 1 year after surgery –an			
Ma	nuscript Number (if know	wn): <u>16320</u>			
content of your manuscript. "Rela affected by the content of the ma		cy, we ask you to disclose all relationships/activitie "Related" means any relation with for-profit or not manuscript. Disclosure represents a commitmed doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epi		ctivities/interests should be defined broadly. For early, you should declare all relationships with manuf ioned in the manuscript.			
	tem #1 below, report all some for disclosure is the pa	support for the work reported in this manuscript wast 36 months.	ithout time limit. For all other items, the time		
	Nan	me all entities with whom you have this	Specifications/Comments (e.g., if payments were		
		ationship or indicate none (add rows as needed)	made to you or to your institution)		
			made to you or to your institution)		
1	All support for the	ationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	ationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, occ	Time frame: Since the initial planning  None	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 for	Time frame: Since the initial planning  None  he study was supported by grants from "Greta	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	Time frame: Since the initial planning  None  he study was supported by grants from "Greta ch Johan Kocks stiftelse för medicinsk	made to you or to your institution)		
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Time frame: past 36 months

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Grants or

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3	Royalties or licenses	None □	
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,	⊠ None	

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	society, committee or advocacy group, paid or unpaid		
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	
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.			

## ICMJE DISCLOSURE FORM

Date:	220102	
Your Name:	Ann Bremander	
Manuscript Title:	Patient reported outcome for 17,648 patients in 5 different Swedish orthopaedic quality registers before and 1 year after surgery –an observational study	
Manuscript Number (if known):	16320	

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		f 1	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	No	one	
3	Royalties or licenses	No.	one	
4	Consulting fees	N N	one	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ No	one	

		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)
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	
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	

	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)	
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## **ICMJE DISCLOSURE FORM**

Date:	1/4/2023	
Your Name:	Anna Nilsdotter	
Manuscript Title:	Patient reported outcome for 17,648 patients in 5 different Swedish orthopaedic quality registers before and 1 year after surgery —an observational study	
Manuscript Number (if known):	16320	

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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)
		Time frame: Since the initial planning of	of the work
1	All support for the present	□ None	
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	of study materials, medical writing,	och Johan Kocks stiftelse för medicinsk	
	article processing charges, etc.)	forskning".	
	No time limit for this item.	The relevant orthopedic registries are financed by	
		the Swedish Association of Local Authorities and	
		Regions (ALAR).	
		No other fundings have supported the present manuscript	
			Click the tab key to add additional rows.

		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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
4	Consulting fees	None 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		

		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)
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	
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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