

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sarah

2. Surname (Last Name) Kingsbury

3. Date 16-October-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name p.conaghan@leeds.ac.uk

5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE

6. Manuscript Identifying Number (if you know it) 14/70/146

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14/70/146	X
						ADD

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Kingsbury reports grants from NIHR, during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Lindsay

2. Surname (Last Name)
Smith

3. Date
14-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Philip Conaghan

5. Manuscript Title
UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE

6. Manuscript Identifying Number (if you know it)
14/70/146

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
National Institute for Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIHR CAT CL-2013-04-005 at same time	<input checked="" type="checkbox"/>

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Dr. Smith reports grants from National Institute for Health Research, from null, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Carolyn

2. Surname (Last Name) Czoski Murray

3. Date 16-October-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name Philip Conaghan

5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE

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Dr. Czoski Murray reports grants from NIHR HS&DR, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rafael	2. Surname (Last Name) Pinedo-Villanueva	3. Date 25-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Philip Conaghan
5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE		
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Dr. Pinedo-Villanueva has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Judge	3. Date 25-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name p.conaghan@leeds.ac.uk
5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE		
6. Manuscript Identifying Number (if you know it) 14/70/146		

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Freshfields Bruckhaus Derringer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy	X
Anthera Pharmaceuticals Ltd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data Safety and Monitoring Board	X
NIHR PGfAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sub panel member	X ADD

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) West	3. Date 17-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Philip Conaghan
5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE		
6. Manuscript Identifying Number (if you know it) 14/70/146		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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HS&DR Researcher Led Panel Membership 2017-2021; PHR Research Funding Board 2011-2017; HS&DR Funding Committee (Bevan) 2020-2021.

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Dr. West reports HS&DR Researcher Led Panel Membership 2017-2021; PHR Research Funding Board 2011-2017; HS&DR Funding Committee (Bevan) 2020-2021.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Chris

2. Surname (Last Name)

Smith

3. Date

16-October-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Philip Conaghan

5. Manuscript Title

UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE

6. Manuscript Identifying Number (if you know it)

14/70/146

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Judy	2. Surname (Last Name) Wright	3. Date 16-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Philip Conaghan
5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE		
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Section 4. Intellectual Property -- Patents & Copyrights

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Mrs Wright has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nigel	2. Surname (Last Name) Arden	3. Date 10-March-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name p.conaghan@leeds.ac.uk
5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE		
6. Manuscript Identifying Number (if you know it) 14/70/146		

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR HS&DR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14/70/146	X ADD

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Pfizer/Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Bristows LLP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee OA	X ADD



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Arden reports grants from NIHR HS&DR, during the conduct of the study; personal fees from Pfizer/Lilly, personal fees from Bristows LLP, grants from Merck, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christine	2. Surname (Last Name) Thomas	3. Date 16-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name p.conaghan@leeds.ac.uk
5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE		
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Mrs. Thomas has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Spyros

2. Surname (Last Name) Kolovos

3. Date 02-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name p.conaghan@leeds.ac.uk

5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE

6. Manuscript Identifying Number (if you know it) 14/70/146

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR HS&DR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14/70/146	<input checked="" type="checkbox"/>

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ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Kolovos reports grants from NIHR HS&DR, during the conduct of the study .

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1. Given Name (First Name) Farag 2. Surname (Last Name) Shuweihdi 3. Date 02-March-2021

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cesar 2. Surname (Last Name) Garriga 3. Date 03-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
p.conaghan@leeds.ac.uk

5. Manuscript Title
UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Byron	2. Surname (Last Name) Bitanihirwe	3. Date 03-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name p.conaghan@leeds.ac.uk
5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE		
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Dr. Bitanihirwe has nothing to disclose.

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Kate

2. Surname (Last Name)
Hill

3. Date
03-March-2021

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p.conaghan@leeds.ac.uk

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jamie

2. Surname (Last Name) Matu

3. Date 03-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name p.conaghan@leeds.ac.uk

5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE

6. Manuscript Identifying Number (if you know it) 14/70/146

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR HS&DR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14/70/146	<input checked="" type="checkbox"/>

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Generate Disclosure Statement

Dr. Matu reports grants from NIHR HS&DR, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Stone	3. Date 21-October-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Philip Conaghan
5. Manuscript Title UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE		
6. Manuscript Identifying Number (if you know it) 14/70/146		

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Stone has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Philip

2. Surname (Last Name)
Conaghan

3. Date
16-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
UK poSt Arthroplasty Follow-up rEcommendations: UK SAFE

6. Manuscript Identifying Number (if you know it)
14/70/146

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