

ICMJE DISCLOSURE FORM

Date: 9/9/2022

Your Name: Joseph Alsousou

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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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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.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 9/27/2022

Your Name: Susan J Dutton

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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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: 9/12/2022

Your Name: Dr. Paul Harrison

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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ICMJE DISCLOSURE FORM

Date: 9/12/2022

Your Name: Philippa Hulley

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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ICMJE DISCLOSURE FORM

Date: 9/20/2022

Your Name: David Keene

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> I am a lead applicant on the AFTER trial funded by the NIHR Research for Patient Benefit programme (ref. NIHR201950) co-applicant on the FAME trial funded by NIHR Health Technology Assessment Programme (ref. NIHR127273). </td> <td style="width: 40%; padding: 5px;"> Grant to the University of Oxford </td> </tr> </table> </div>	I am a lead applicant on the AFTER trial funded by the NIHR Research for Patient Benefit programme (ref. NIHR201950) co-applicant on the FAME trial funded by NIHR Health Technology Assessment Programme (ref. NIHR127273).	Grant to the University of Oxford		
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		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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> 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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None Committee member for the Association of Trauma and Orthopedic Chartered Physiotherapists and the Fragility Fracture Network UK.	No payments.
11	Stock or stock options	<input checked="" type="checkbox"/> None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None 	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 9/12/2022

Your Name: Professor Sarah E Lamb

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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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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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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: 9/15/2022

Your Name: Heather Marie O'Connor

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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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: 9/12/2022

Your Name: Susan Wagland

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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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ICMJE DISCLOSURE FORM

Date: 9/20/2022

Your Name: KM Willett

Manuscript Title: Platelet rich plasma injection for acute Achilles tendon rupture: Two-year follow-up of the PATH-2 randomised, placebo-controlled, superiority trial

Manuscript Number (if known): BJJ-2022-0653.R1

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