

## ICMJE DISCLOSURE FORM

**Date:** 9/7/2023

**Your Name:** Arild Aamodt

**Manuscript Title:** No difference in patient-reported outcomes with cruciate-retaining, anterior-stabilized and posterior-stabilized total knee arthroplasty designs. A three-armed, blinded, randomized study with 2-year follow-up

**Manuscript Number (if known):** BJJ-2023-0064.R3

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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		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>						
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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 Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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## ICMJE DISCLOSURE FORM

**Date:** 9/6/2023

**Your Name:** Ann Magrit Korsvold

**Manuscript Title:** No difference in patient-reported outcomes with cruciate-retaining, anterior-stabilized and posterior-stabilized total knee arthroplasty designs. A three-armed, blinded, randomized study with 2-year follow-up

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**Your Name:** Anners Lerdal

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**Your Name:** Yasser Rehman

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