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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew</td>
<td>Beswick</td>
<td>26-January-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No ✔

Corresponding Author’s Name  
James Berstock

5. Manuscript Title  
Mortality after total knee arthroplasty: A systematic review of incidence, temporal trends and risk factors

6. Manuscript Identifying Number (if you know it)

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   - No ✔

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No ✔
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Dr. Beswick has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name) | Ashley
2. Surname (Last Name) | Blom
3. Date | 26-January-2017
4. Are you the corresponding author? | Yes ✔ No
5. Manuscript Title
   Mortality after total knee arthroplasty: A systematic review of incidence, temporal trends and risk factors
6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Dr. Blom has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Berstock

3. Date  
26-January-2017

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Mortality after total knee arthroplasty: A systematic review of incidence, temporal trends and risk factors

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1. Given Name (First Name) 
Jose

2. Surname (Last Name) 
Lopez-Lopez

3. Date 
26-January-2017

4. Are you the corresponding author? 
☑ No

Corresponding Author’s Name 
James Berstock

5. Manuscript Title 
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Michael  
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Whitehouse  
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26-January-2017  
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