ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. **The work under consideration for publication.**

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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

**Pending:** The patent has been filed but not issued

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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) Rohit
2. Surname (Last Name) Dhawan
3. Date 29-January-2018
4. Are you the corresponding author? ☑ No
5. Manuscript Title
Soft Tissue Radiological Knee Index: An observational cohort study to produce an index that quantifies the magnitude of soft tissue around the knee using standard radiographs
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
Soha Sajid

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? ☑ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Dhawan 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) 
Aveek

2. Surname (Last Name) 
Mitra

3. Date 
01/18/2018

4. Are you the corresponding author? 
[ ] Yes [x] No

Corresponding Author’s Name
J O’Callaghan

5. Manuscript Title
British Orthopaedic Trainees’ Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time

Are there any relevant conflicts of interest? 
[ ] Yes [x] No

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Are there any relevant conflicts of interest? 
[ ] Yes [x] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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Dr. Mitra 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)  Sanil
2. Surname (Last Name)  Ajwani
3. Date

4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  H Sevenoaks

5. Manuscript Title
   British Orthopaedic Trainees Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Ajwani has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   KHALID
2. Surname (Last Name)  
   AL-HOURANI
3. Date  
   02-January-2018
4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No
   Corresponding Author's Name  
   Jamie O'Callaghan

5. Manuscript Title  
   Out of Hours Medical Photography in Trauma & Orthopaedic practice: A Severn Deanery Perspective
6. Manuscript Identifying Number (if you know it)

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Dr. AL-HOURANI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robin

2. Surname (Last Name)  
   Banerjee

3. Date  
   31-January-2018

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

   Corresponding Author’s Name  
   Soha Sajid

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   Barrie

3. Date  
   06-February-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Dr H Sevenoaks

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   ✔ No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
Section 5. Relationships not covered above

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Dr. Barrie has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)
   - Fiona

2. Surname (Last Name)
   - Berryman

3. Date
   - 17-January-2018

4. Are you the corresponding author?
   - Yes [✓]  No [ ]

   Corresponding Author’s Name
   - Gulraj Matharu

5. Manuscript Title
   - British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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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.

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Dr. Berryman reports grants from Smith & Nephew Orthopaedics UK, during the conduct of the study; grants from Smith & Nephew Orthopaedics UK, outside the submitted work.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Brewer

3. Date  
   12-February-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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## Section 2. The Work Under Consideration for Publication

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   ✔ 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?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Brewer has nothing to disclose.

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<td>Iain</td>
<td>Chambers</td>
<td>18-January-2018</td>
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<th>4. Are you the corresponding author?</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Simon

2. Surname (Last Name)  
Lewthwaite

3. Date  
23-January-2018

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

Corresponding Author’s Name
Soha Sajid

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
British Orthopaedic Trainees’ Association (BOTA) Congress 2017

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Dr. Lewthwaite has nothing to disclose.

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**Section 1. Identifying Information**

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   Jan Herman

2. Surname (Last Name)  
   Kuiper

3. Date  
   18-January-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [X] No

   Corresponding Author’s Name  
   Soha Sajid

5. Manuscript Title  
   Soft Tissue Radiological Knee Index: An observational cohort study to produce an index that quantifies the magnitude of soft tissue around the knee using standard radiographs

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   [ ] Yes  
   [X] No

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [X] No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   [X] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there 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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Section 6. Disclosure Statement

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Dr. Kuiper 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) Deborah
2. Surname (Last Name) Macdonald
3. Date 20-January-2018
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Leo Brown
5. Manuscript Title
   The Survivorship Of The Link Endo-Rotational Hinged Total Knee Arthroplasty: Medium To Long Term Analysis Of 100 Patients
6. Manuscript Identifying Number (if you know it)

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.

<table>
<thead>
<tr>
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<tr>
<td>LINK Orthopaedics</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Sponsorship money was given to the department by LINK prior to the start of this study. This was intended for use in PROMS data collection for this patient group. Unfortunately it was instead used elsewhere (not contributing towards the project detailed in this manuscript)</td>
</tr>
</tbody>
</table>

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☑ No
# 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. Macdonald reports grants from LINK Orthopaedics, during the conduct of the study; .

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Antti

2. Surname (Last Name)  
   Eskelinen

3. Date  
   17-January-2018

4. Are you the corresponding author?  
   Yes ✔  No

   Corresponding Author’s Name  
   Gulraj Matharu

5. Manuscript Title  
   British Orthopaedic Trainees’ Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   Yes ✔  No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
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<tbody>
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<td>DePuy</td>
<td></td>
<td>✔</td>
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<td>Lecture fees</td>
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<td>DePuy</td>
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<td>AAOS meeting expenses, including travel and accommodation</td>
</tr>
<tr>
<td>DePuy</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Co-PI in a study funded by DePuy</td>
</tr>
</tbody>
</table>

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

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Dr. Eskelinen reports personal fees from DePuy, grants from DePuy, grants from DePuy, 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)  
   James

2. Surname (Last Name)  
   Fernandes

3. Date  
   12-February-2018

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

## 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.)?

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## Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Fernandes 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)  
   Tim

2. Surname (Last Name)  
   Fowler

3. Date  
   23-January-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Mr Jamie O’Callaghan

5. Manuscript Title  
   British Orthopaedic Trainees’ Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

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   Yes  ✔  No

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. Fowler 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)  
   Robert

2. Surname (Last Name)  
   Gleeson

3. Date  
   05-February-2018

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Rory Morrison

5. Manuscript Title  
   British Orthopaedic Trainees’ Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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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

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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Dr. Gleeson has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel</td>
<td>Haines</td>
<td>18-January-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
   Out of Hours Medical Photography in Trauma & Orthopaedic practice: A Severn Deanery Perspective

6. Manuscript Identifying Number (if you know it)

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Dr. Haines 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)  
   Ihab

2. Surname (Last Name)  
   Hujazi

3. Date  
   02-May-2018

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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Dr. Hujazi 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)  
   Andrew

2. Surname (Last Name)  
   Judge

3. Date  
   17-January-2018

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Gulraj Matharu

5. Manuscript Title  
   British Orthopaedic Trainees’ Association (BOTA) Meeting 2017

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

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Yes ☐  No ☑

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Yes ☑  No ☐

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Dr. Judge reports personal fees from Anthera Pharmaceuticals, INC., personal fees from Servier, personal fees from UK Renal Registry, grants and personal fees from Oxford Craniofacial Unit, personal fees from Blood Journal, grants from Roche-Chugai, personal fees from Freshfields Bruckhaus Deringer, outside the submitted work; .

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Min Soo

2. Surname (Last Name)  
   Kim

3. Date  
   01-February-2018

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

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   Olli

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   Lainiala

3. Date  
   17-January-2018

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   Yes  ✔  No

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   Gulraj Matharu

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   Yes  ✔  No

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td>Paid Lecture</td>
</tr>
</tbody>
</table>

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

Are there 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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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Lainiala reports personal fees from Depuy Synthes, outside the submitted work.

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---

### Section 1. Identifying Information

1. **Given Name (First Name)**
   Leo

2. **Surname (Last Name)**
   Brown

3. **Date**
   19-January-2018

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

5. **Manuscript Title**
The Survivorship Of The Link Endo-Rotational Hinged Total Knee Arthroplasty: Medium To Long Term Analysis Of 100 Patients

6. **Manuscript Identifying Number (if you know it)**

---

### 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.

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<thead>
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<td>LINK Orthopaedics</td>
<td>✔</td>
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</table>

Sponsorship money was given to the department by LINK prior to the start of this study. This was intended for use in PROMS data collection for this patient group. Unfortunately it was instead used elsewhere (not contributing towards the project detailed in this manuscript).

---

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- ✔ No
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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)  Gulraj
2. Surname (Last Name)  Matharu
3. Date  17-January-2018
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title  British Orthopaedic Trainees' Association (BOTA) Meeting 2017
6. Manuscript Identifying Number (if you know it)

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.)?  ✔ Yes  No
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<table>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis Research UK</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Awarded an 18 month Clinical Research Fellowship from August 2015 during which time this study was undertaken.</td>
</tr>
</tbody>
</table>

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.  ✔ Yes  No
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Royal Orthopaedic Hospital Hip Research and Education Charitable Fund</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Grant provided for PhD tuition fees and conference travel to present other research work.</td>
</tr>
</tbody>
</table>
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

<table>
<thead>
<tr>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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</tr>
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<tbody>
<tr>
<td>The Royal College of Surgeons of England</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Salary funded for one-year (August 2014-2015) in the form of a Surgical Research Fellowship for other research work.</td>
</tr>
<tr>
<td>The Orthopaedics Trust</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Grant provided for PhD tuition fees.</td>
</tr>
<tr>
<td>Leigh Day</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Undertaken medico-legal work as an advisory expert related to metal-on-metal hip arthroplasties.</td>
</tr>
</tbody>
</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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<tr>
<th>Yes</th>
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</tr>
</thead>
</table>

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Dr. Matharu reports grants from Arthritis Research UK, during the conduct of the study; grants from The Royal Orthopaedic Hospital Hip Research and Education Charitable Fund, grants from The Royal College of Surgeons of England, grants from The Orthopaedics Trust, personal fees from Leigh Day, 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)  Jamie
2. Surname (Last Name)  McConnell
3. Date  17-January-2018
4. Are you the corresponding author?  No

Corresponding Author’s Name  Gulraj Matharu

5. Manuscript Title  British Orthopaedic Trainees’ Association (BOTA) Meeting 2017
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The hospital where I work receives funding from DePuy to support my fellowship. I do not directly benefit.

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<th>George</th>
<th>2. Surname (Last Name)</th>
<th>McLauchlan</th>
<th>3. Date</th>
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<td>02-February-2018</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name
Min Soo Kim

5. Manuscript Title
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Dr. McLauchlan has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   Jaysheel

2. Surname (Last Name)  
   Mehta

3. Date  
   18-January-2018

4. Are you the corresponding author?  
   Yes ☐ No ☑

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)  

### 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 ☑

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Are there any relevant conflicts of interest?  
   Yes ☐ No ☑

### 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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Section 6. Disclosure Statement

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Dr. Mehta 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)  
   Ross

2. Surname (Last Name)  
   Muir

3. Date  
   18-January-2018

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Zain Sadozai

5. Manuscript Title  
   British Orthopaedic Trainees’ Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Muir has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Murray

3. Date  
   17-January-2018

4. Are you the corresponding author?  
   ✗ No

   Corresponding Author’s Name  
   Gulraj Matharu

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

### 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?  
   ✗ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ✗ Yes

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Zimmer Biomet</td>
<td>✔</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>Research funds paid to institution</td>
</tr>
<tr>
<td>Zimmer Biomet</td>
<td>❌</td>
<td>✔</td>
<td>❌</td>
<td>❌</td>
<td>Receives royalties related to the unicompartmental knee replacement.</td>
</tr>
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<td></td>
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<td></td>
<td>Paid travel, accommodation, expenses for attending courses and meetings.</td>
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<td>Paid consultant / lecturer</td>
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Murray
ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Stryker | ✔ | □ | □ | □ | Research funds for studies looking at Exeter hip replacements & periprosthetic fractures

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. Murray reports grants from Zimmer Biomet, personal fees from Zimmer Biomet, grants from Stryker, outside the submitted work; .

Murray
ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nicholas
2. Surname (Last Name)  Clement
3. Date  20-January-2018
4. Are you the corresponding author?  ✔ No
5. Manuscript Title
The Survivorship Of The Link Endo-Rotational Hinged Total Knee Arthroplasty: Medium To Long Term Analysis Of 100 Patients
6. Manuscript Identifying Number (if you know it)

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.

<table>
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<tr>
<td>LINK Orthopaedics</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Sponsorship money was given to the department by LINK prior to the start of this study. This was intended for use in PROMS data collection for this patient group. Unfortunately it was instead used elsewhere (not contributing towards the project detailed in this manuscript)</td>
</tr>
</tbody>
</table>

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Dr. Clement reports grants from LINK Orthopaedics, during the conduct of the study; .

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O’Callaghan
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jamie

2. Surname (Last Name)  
   O’Callaghan

3. Date  
   17-January-2018

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

5. Manuscript Title  
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Dr. O’Callaghan has nothing to disclose.

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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)  
   Hemant

2. Surname (Last Name)  
   Pandit

3. Date  
   17-January-2018

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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?  
   ☑ No

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Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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<td>Paid travel, accommodation, expenses for attending courses and meetings</td>
</tr>
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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?  
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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Pandit reports grants from Zimmer Biomet, personal fees from Zimmer Biomet, personal fees from Zimmer Biomet, outside the submitted work; .

Evaluation and Feedback

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Hammad

2. Surname (Last Name)  
Parwaiz

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18-January-2018

4. Are you the corresponding author?  
[ ] Yes  ✔ No

Corresponding Author's Name  
Jamie O’Callaghan

5. Manuscript Title  
British Orthopaedic Trainees' Association (BOTA) Meeting 2017

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Dr. Parwaiz has nothing to disclose.

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<td>Corresponding Author’s Name</td>
<td>Gulraj Matharu</td>
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## Section 1. Identifying Information

1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date
---|---|---
Zain | Sadozai | 18-January-2018

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

5. Manuscript Title
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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Dr. Sadozai has nothing to disclose.

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Soha

2. Surname (Last Name)  
Sajid

3. Date  
17-August-2018

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✔ Yes  
No

5. Manuscript Title  
British Orthopaedic Trainees' Association (BOTA) Meeting 2017

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Dr. Sajid 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)  
   Jamie

2. Surname (Last Name)  
   Sergeant

3. Date  
   05-February-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Hannah Sevenoaks

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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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.)?

Are there any relevant conflicts of interest?  
   ✔ No

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   ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Sergeant has nothing to disclose.

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<tr>
<td>Hannah</td>
<td>Sevenoaks</td>
<td>18-January-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☑ Yes  
☐ No

5. Manuscript Title  
British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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Dr. Sevenoaks has nothing to disclose.

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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)  
   Steffen

2. Surname (Last Name)  
   Breusch

3. Date  
   20-January-2018

4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No

   Corresponding Author’s Name  
   Leo Brown

5. Manuscript Title  
   The Survivorship Of The Link Endo-Rotational Hinged Total Knee Arthroplasty: Medium To Long Term Analysis Of 100 Patients

6. Manuscript Identifying Number (if you know it)

## 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.

<table>
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<td>LINK Orthopaedics</td>
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<tr>
<td></td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Sponsorship money was given to the department by LINK prior to the start of this study. This was intended for use in PROMS data collection for this patient group. Unfortunately it was instead used elsewhere (not contributing towards the project detailed in this manuscript)</td>
</tr>
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</table>

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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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Dr. Breusch reports grants from LINK Orthopaedics, during the conduct of the study; .

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<tbody>
<tr>
<td>Alex</td>
<td>Ward</td>
<td></td>
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4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
British Orthopaedic Trainees’ Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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Dr. Ward has nothing to disclose.

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<th>1. Given Name (First Name)</th>
<th>Michael</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
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</tr>
<tr>
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4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
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Dr. Woodruff has nothing to disclose.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Young

3. Date  
   17-January-2018

4. Are you the corresponding author?  
   Yes   No

Corresponding Author’s Name  
   Gulraj Matharu

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

6. Manuscript Identifying Number (if you know it)

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

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.

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   Yes   No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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I receive payments for lectures given by me about DePuy total hip replacements

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Dr. Young reports and I receive payments for lectures given by me about DePuy total hip replacements.

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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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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Marshall

2. Surname (Last Name)  
   Sangster

3. Date  
   31-January-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Jamie O’Callaghan

5. Manuscript Title  
   British Orthopaedic Trainees' Association (BOTA) Meeting 2017

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sangster has nothing to disclose.

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<table>
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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Thomas</td>
<td>Fleming</td>
<td>01-February-2018</td>
</tr>
</tbody>
</table>

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

- ✔ Yes

5. Manuscript Title  
Out of Hours Medical Photography in Trauma & Orthopaedic practice: A Severn Deanery Perspective

6. Manuscript Identifying Number (if you know it)

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- ✔ No

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---

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