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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Chipiliro

2. Surname (Last Name)
   Moffat

3. Date
   07-August-2017

4. Are you the corresponding author?
   ☐ Yes   ✔ No
   Corresponding Author’s Name
   Simon Graham

5. Manuscript Title
   Total knee arthroplasty in a low-income country: 10-year experience from a National Joint Registry

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   David  
2. Surname (Last Name)  
   Burgess  
3. Date  
   07-August-2017  
4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
5. Manuscript Title  
   Total knee arthroplasty in a low-income country: 10-year experience from a National Joint Registry  

**Corresponding Author’s Name**  
Simon Graham

6. Manuscript Identifying Number (if you know it)

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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)  
Lubega

3. Date  
07-August-2017

4. Are you the corresponding author?  
Yes  ☑️  No

Corresponding Author’s Name  
Simon Graham

5. Manuscript Title  
Total knee arthroplasty in a low-income country: 10-year experience from a National Joint Registry

6. Manuscript Identifying Number (if you know it)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Nyengo

2. **Surname (Last Name)**
   - Mkandawire

3. **Date**
   - 07-August-2017

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Total knee arthroplasty in a low-income country: 10-year experience from a National Joint Registry

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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)  
   Simon

2. Surname (Last Name)  
   Graham

3. Date  
   07-August-2017

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

5. Manuscript Title  
   Total knee arthroplasty in a low-income country: 10-year experience from a National Joint Registry

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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Are there any relevant conflicts of interest?  
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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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Section 6. Disclosure Statement

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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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".

3. Relevant financial activities 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)  
   William J

2. Surname (Last Name)  
   Harrison

3. Date  
   07-August-2017

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

   Corresponding Author’s Name  
   Simon Graham

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