

ICMJE DISCLOSURE FORM

Date: 2/29/2024

Your Name: Wendy Bertram

Manuscript Title: Prevalence and patterns of neuropathic pain in a cohort of patients with chronic post-surgical pain after total knee replacement

Manuscript Number (if known): BJJ-2023-0889.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: 3/4/2024

Your Name: Julie Bruce

Manuscript Title: Prevalence and patterns of neuropathic pain in a cohort of patients with chronic post-surgical pain after total knee replacement

Manuscript Number (if known): BJJ-2023-0889.R1

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ICMJE DISCLOSURE FORM

Date: 2/29/2024

Your Name: Rachael Gooberman-Hill

Manuscript Title: Prevalence and patterns of neuropathic pain in a cohort of patients with chronic post-surgical pain after total knee replacement

Manuscript Number (if known): BJJ-2023-0889.R1

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ICMJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Nick Howells

Manuscript Title: Prevalence and patterns of neuropathic pain in a cohort of patients with chronic post-surgical pain after total knee replacement

Manuscript Number (if known): BJJ-2023-0889.R1

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Date: 2/29/2024

Your Name: Lenguerrand Erik

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Time frame: past 36 months										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Hip Implant Prosthesis Programme For The Younger THR Patient, <i>NIHR PG/AR</i>,</td> <td style="width: 30%;">Payment to University of Bristol</td> </tr> <tr> <td>National Joint Registry, <i>HQIP</i>,</td> <td>Payment to University of Bristol</td> </tr> <tr> <td>Clinical Decision Tool to Reduce Placental Disorders in Pregnancy - a multi-centre cluster RCT, <i>NIHR AI</i></td> <td>Payment to University of Bristol</td> </tr> <tr> <td>The use of Intermittent Glucose Monitoring Devices for the Management of Gestational Diabetes Mellitus – A Feasibility Study, <i>NIHR R/PB</i></td> <td>Payment to University of Bristol</td> </tr> </table>	Hip Implant Prosthesis Programme For The Younger THR Patient, <i>NIHR PG/AR</i> ,	Payment to University of Bristol	National Joint Registry, <i>HQIP</i> ,	Payment to University of Bristol	Clinical Decision Tool to Reduce Placental Disorders in Pregnancy - a multi-centre cluster RCT, <i>NIHR AI</i>	Payment to University of Bristol	The use of Intermittent Glucose Monitoring Devices for the Management of Gestational Diabetes Mellitus – A Feasibility Study, <i>NIHR R/PB</i>	Payment to University of Bristol
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		The Clinical and Cost Utility Outcomes of Ceramic Bearings in Total Hip Replacement, <i>CeramTec GmbH</i>	Payment to University of Bristol
		Tommy's National Centre for Improving Maternity Care, <i>Tommy's</i>	Payment to University of Bristol
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 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	NIHR Steering committee member: The clinical, social and cost effectiveness of a decision support tool to optimise community-based tailored management of sleep for people living with dementia or mild cognitive impairment and sleep disturbance	Not funded
		NIHR Steering committee member: Adapting and testing an intervention for carers of people with dementia-CARECOACH	Not funded
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		College of Experts member – Versus Arthritis	Not funded
		Scientific Committee Member– BAJIR Bone And Joint Infection Registry	Not funded
		Member of the SouthWest – Frenchay Research Ethics Committee	Not funded
		Grant Committee Member for the `NIHR, Research for Patient Benefit: Under-represented disciplines & specialisms	Not funded
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: 2/29/2024

Your Name: Emily Sanderson

Manuscript Title: Prevalence and patterns of neuropathic pain in a cohort of patients with chronic post-surgical pain after total knee replacement

Manuscript Number (if known): BJJ-2023-0889.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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4	Consulting fees	<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> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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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: 2/29/2924

Your Name: Simon Paul White

Manuscript Title: Prevalence and patterns of neuropathic pain in a cohort of patients with chronic post-surgical pain after total knee replacement

Manuscript Number (if known): BJJ-2023-0889.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: 2/29/2024

Your Name: Vikki Wylde

Manuscript Title: Prevalence and patterns of neuropathic pain in a cohort of patients with chronic post-surgical pain after total knee replacement

Manuscript Number (if known): BJJ-2023-0889.R1

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