

ICMJE DISCLOSURE FORM

Date: 1/4/2024

Your Name: Antti Eskelinen

Manuscript Title: Mild aseptic lymphocyte-dominated vasculitis-associated lesions (ALVAL)-type reactions are also present in patients with failed knee prostheses

Manuscript Number (if known): BJR-2023-0255.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: 1/10/2024

Your Name: Lari Lehtovirta

Manuscript Title: Mild aseptic lymphocyte-dominated vasculitis-associated lesions (ALVAL)-type reactions are also present in patients with failed knee prostheses

Manuscript Number (if known): BJR-2023-0255.R1

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

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ICMJE DISCLOSURE FORM

Date: 1/3/2024

Your Name: Niemeläinen Mika

Manuscript Title: Mild aseptic lymphocyte-dominated vasculitis-associated lesions (ALVAL)-type reactions are also present in patients with failed knee prostheses

Manuscript Number (if known): BJR-2023-0255.R1

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ICMJE DISCLOSURE FORM

Date: 3/1/2024

Your Name: Jyrki Parkkinen

Manuscript Title: Mild aseptic lymphocyte-dominated vasculitis-associated lesions (ALVAL)-type reactions are also present in patients with failed knee prostheses

Manuscript Number (if known): BJR-2023-0255.R1

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ICMJE DISCLOSURE FORM

Date: 1/3/2024

Your Name: Sirpa Peräniemi

Manuscript Title: Mild aseptic lymphocyte-dominated vasculitis-associated lesions (ALVAL)-type reactions are also present in patients with failed knee prostheses

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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: 1/3/2024

Your Name: Anni Rajamäki

Manuscript Title: Mild aseptic lymphocyte-dominated vasculitis-associated lesions (ALVAL)-type reactions are also present in patients with failed knee prostheses

Manuscript Number (if known): BJR-2023-0255.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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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: 1/1/2024

Your Name: Aleksi Reito

Manuscript Title: Mild aseptic lymphocyte-dominated vasculitis-associated lesions (ALVAL)-type reactions are also present in patients with failed knee prostheses

Manuscript Number (if known): BJR-2023-0255.R1

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ICMJE DISCLOSURE FORM

Date: 1/3/2024

Your Name: Jouko Vepsäläinen

Manuscript Title: Mild aseptic lymphocyte-dominated vasculitis-associated lesions (ALVAL)-type reactions are also present in patients with failed knee prostheses

Manuscript Number (if known): BJR-2023-0255.R1

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