



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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Johnston	3. Effective Date (07-August-2008) 17-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Banger
5. Manuscript Title Robotic arm-assisted bi-uncompartmental knee arthroplasty maintains natural knee joint anatomy compared to total knee arthroplasty: a prospective, randomised controlled trial.		
6. Manuscript Identifying Number (if you know it) BJJ-2020-1166.R1		

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIHR EME	TRUCK study financing	X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stryker	TRUCK study financing	X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker	Conference fee, travel and accommodation to present study finding at EFORT Lisbon 2019.	X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

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The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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 submission.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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Hide All Table Rows Checked 'No'

SAVE

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Section 1. Identifying Information

1. Given Name (First Name) Bryn 2. Surname (Last Name) Jones 3. Effective Date (07-August-2008) 16-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr Matthew Banger

5. Manuscript Title
Robotic arm-assisted bi-uncompartmental knee arthroplasty maintains natural knee joint anatomy compared to total knee arthroplasty: a prospective, randomised controlled trial

6. Manuscript Identifying Number (if you know it)
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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIHR EME	TRUCK study financing	X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker	TRUCK study financing	X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
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5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Teaching on courses for Zimmer/Biomet		X

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	unpaid teaching for Stryker	Travel and accommodation paid for by Stryker	X
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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Section 4. Other relationships

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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.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Philip

2. Surname (Last Name)
Rowe

3. Date
29-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Banger

5. Manuscript Title
Robotic arm-assisted bi-uncompartmental knee arthroplasty maintains natural knee joint anatomy compared to total knee arthroplasty: a prospective, randomised controlled trial.

6. Manuscript Identifying Number (if you know it)
BJJ-2020-1166.R1

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIHR EME funding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRUCK study financing
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRUCK study financing

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**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supported other clinical trial



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

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Rowe reports grants from NIHR EME funding, grants from Stryker, during the conduct of the study; grants from Stryker, outside the submitted work; .

Evaluation and Feedback

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1. Given Name (First Name) Angus	2. Surname (Last Name) Maclean	3. Effective Date (07-August-2008) 10-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr Matthew Banger
5. Manuscript Title Robotic arm-assisted bi-uncompartmental knee arthroplasty maintains natural knee joint anatomy compared to total knee arthroplasty: a prospective, randomised controlled trial.		
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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIHR EME	Study was funded by the NIHR EME	X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker	Provided in-kind support to trial	X
						ADD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew 2. Surname (Last Name) Banger 3. Effective Date (07-August-2008) 29-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic arm-assisted bi-uncompartmental knee arthroplasty maintains natural knee joint anatomy compared to total knee arthroplasty: a prospective, randomised controlled trial.

6. Manuscript Identifying Number (if you know it)
BJJ-2020-1166.R1

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Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIHR EME	TRUCK study financing	X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker	TRUCK study financing	X
ADD						
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker	Travel Funds for MPS training for this study and other conference presentations	X
ADD						

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker	Supported other clinical trial	X
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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4. Other relationships.

Use this section to report 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.

Section 1. Identifying information

req Given Name (First Name)	req Surname (Last Name)	req Submission Date
Nima	Razii	20-Jul-2020

req Are you the corresponding author?	N o
--	--------

Manuscript Title: Robotic arm-assisted bi-unicompartamental knee arthroplasty maintains natural knee joint anatomy compared to total knee arthroplasty: a prospective, randomised controlled trial.

Manuscript Identifying Number: BJJ-2020-1166.R1

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)? Complete each row by checking "No" or providing the requested information.

If you have more than one relationship in any type, please use a row labeled "Other" at the end of this section, filling in all the relevant information required and adding the type of relationship in the comments section.

Section 2. The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
req 1. Grant			✓	MRC / NIHR	Efficacy and Mechanism Evaluation (EME) grant from the Medical Research Council (MRC) / National Institute for Health Research (NIHR).
req 2. Consulting fee or honorarium	✓				
req 3. Support for travel to meetings for the study or other purposes	✓				

req 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like ✓

req 5. Payment for writing or reviewing the manuscript ✓

req 6. Provision of writing assistance, medicines, equipment, or administrative support ✓

7. Other

✓

Stryker

Institutional support was received from Stryker for the TRUCK trial.

8. Other

Stryker

Institutional support was received from Stryker for the TRUCK trial.

9. Other

10. Other

*This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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. You should report relationships that were present during the 36 months prior to submission. Complete each row by checking "No" or providing the requested information.

If you have more than one relationship in any type, please use a row labeled "Other" at the end of this section, filling in all the relevant information required and adding the type of relationship in the comments section.

3. Relevant financial activities outside the submitted work.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
req 1. Board membership	✓				
req 2. Consultancy	✓				
req 3. Employment	✓				

- req 4. Expert testimony ✓
- req 5. Grants/grants pending ✓
- req 6. Payment for lectures including service on speakers bureaus ✓
- req 7. Payment for manuscript preparation ✓
- req 8. Patents (planned, pending or issued) ✓
- req 9. Royalties ✓
- req 10. Payment for development of educational presentations ✓
- req 11. Stock/stock options ✓
- req 12. Travel/accommodations/meeting expenses unrelated to activities listed** ✓
- 13. Other (err on the side of full disclosure) ✓
- 14. Other ✓
- 15. Other ✓
- 16. Other ✓

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** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4: Other Relationships

req 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?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, the Medical Journal of Australia may ask authors to confirm and, if necessary, update their disclosure statements. On occasion, the Medical Journal of Australia may ask authors to disclose further information about reported relationships.

By typing your name above and initials below, you agree all of the information is complete and accurate.

req Initials NR

req Date: 20-Jul-2020

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Blyth

3. Effective Date (07-August-2008)
31-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Matthew Banger

5. Manuscript Title
Robotic arm-assisted bi-uncompartmental knee arthroplasty maintains natural knee joint anatomy compared to total knee arthroplasty: a prospective, randomised controlled trial.

6. Manuscript Identifying Number (if you know it)
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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIHR EME programme	Primary funder TRUCK trial	X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker Corporation	Provided in-kind support to the trial by paying for the maintenance of the robotic arm and subsidising the costs of the implants to the NHS	X
						ADD
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker Corporation		X
						ADD

* This means money that your institution received for your efforts on this study.

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stryker Corporation		X
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker Corporation	Previous clinical study	X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stryker Corporation		X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker Corporation		X
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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) Doonan	3. Effective Date (07-August-2008) 30-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr Matthew Banger
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1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NIHR EME Funding	TRUCK Study was primarily funded via the NIHR EME	X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stryker	On the bequest of the NIHR EME, Stryker provided in-kind support cover the maintenance of the robotic system.	X
						ADD

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