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.

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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

1. Given Name (First Name)  Angus  
2. Surname (Last Name)  MacLean  
3. Effective Date (07-August-2008) 27-May-2021  
4. Are you the corresponding author?  Yes  ✔  No  
Corresponding Author’s Name  Dr James Doonan  
5. Manuscript Title  
Early Outcomes in Robotic arm-assisted bi-unicompartmental knee arthroplasty compared to total knee arthroplasty: a prospective, randomised controlled trial.  
6. Manuscript Identifying Number (if you know it)  BJJ-2020-1919.R2  

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.

<table>
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<tr>
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<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grant</td>
<td></td>
<td>☑</td>
<td>☑</td>
<td>NIHR EME Funding</td>
<td></td>
</tr>
<tr>
<td>1. Grant</td>
<td></td>
<td></td>
<td>☑</td>
<td>Stryker</td>
<td>Stryker provided the robotic system.</td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
<td>☑</td>
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<tr>
<td>6. Provision of writing assistance, medicines, equipment, or</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
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<tr>
<td>administrative support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Other

* 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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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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<tbody>
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<td>1. Board membership</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Consultancy</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employment</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Expert testimony</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Payment for lectures including service on</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>speakers bureaus</td>
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**Relevant financial activities outside the submitted work**

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<tr>
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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>ADD</td>
</tr>
<tr>
<td>8. Patents (planned, pending or issued)</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>ADD</td>
</tr>
<tr>
<td>9. Royalties</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10. Payment for development of educational presentations</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>ADD</td>
</tr>
<tr>
<td>11. Stock/stock options</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
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**Section 4. Other relationships**

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):
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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.

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### Section 1. Identifying Information

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

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

3. **Effective Date (07-August-2008)**
   - 25-May-2021

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

   **Corresponding Author’s Name**
   - Mr Mark Blyth

5. **Manuscript Title**
   - Early Outcomes in Robotic arm-assisted bi-unicompartmental knee arthroplasty compared to total knee arthroplasty: a prospective, randomised controlled trial.

6. **Manuscript Identifying Number (if you know it)**
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<tr>
<td>1. Grant</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>NIHR EME Funding</td>
<td>TRUCK Study was primarily funded via the NIHR EME</td>
</tr>
<tr>
<td>1. Grant</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Stryker</td>
<td>On the bequest of the NIHR EME, Stryker provided in-kind support cover the maintenance of the robotic system.</td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
<td>☑</td>
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<td>☐</td>
<td></td>
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<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
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<td>☑</td>
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<td>5. Payment for writing or reviewing the manuscript</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other</td>
<td>✔</td>
<td>☐</td>
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<td>☐</td>
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<td></td>
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<td>☐</td>
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<td></td>
</tr>
<tr>
<td>4. Expert testimony</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>✔</td>
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</thead>
<tbody>
<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
<td>✔️</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>ADD</td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
<td>✔️</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<td>☐</td>
<td>☐</td>
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<td>✔️</td>
<td>☐</td>
<td>☐</td>
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<td>✔️</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>11. Stock/stock options</td>
<td>✔️</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>ADD</td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✔️</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>ADD</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✔️</td>
<td>☐</td>
<td>☐</td>
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   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
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Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Banger

3. Date  
   24-May-2021

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Mark Blyth

5. Manuscript Title  
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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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<td>☐</td>
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<td>☐</td>
<td>Study grant</td>
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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

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. Banger reports grants from Stryker, grants from MRC - EME, during the conduct of the study; .

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 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.**
   
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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.
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)  24-May-2021
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Early Outcomes in Robotic arm-assisted bi-unicompartmental knee arthroplasty compared to total knee arthroplasty: a prospective, randomised controlled trial.
6. Manuscript Identifying Number (if you know it)
   BJJ-2020-1919.R2

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.

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<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
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<td>1. Grant</td>
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<td>TRUCK Study was primarily funded via the NIHR EME</td>
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<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Stryker</td>
<td>On the bequest of the NIHR EME, Stryker provided in-kind support cover the maintenance of the robotic system.</td>
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</table>

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<td>Lectures on previous revision knee replacement courses</td>
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<tr>
<td>10. Payment for development of educational presentations</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
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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)  
21-May-2021

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

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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<tbody>
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<td>Grant</td>
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<td>❏</td>
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<td>Stryker</td>
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<th>Comments</th>
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<td>Support for another clinical trial</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Bryn

2. Surname (Last Name)  
   Jones

3. Effective Date (07-August-2008)  
   26-May-2021

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Dr. James Doonan

5. Manuscript Title  
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<td></td>
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<td>Stryker</td>
<td>On the bequest of the NIHR EME, Stryker provided in-kind support cover the maintenance of the robotic system</td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
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<td>3. Support for travel to meetings for the study or other purposes</td>
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<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
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<td>☑️</td>
<td>☐</td>
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<td>7. Payment for manuscript preparation</td>
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<td>☐</td>
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<td>11. Stock/stock options</td>
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<td>☑️</td>
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<td>Unpaid teaching for Styker</td>
<td>Travel and accommodation paid for by Stryker</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>☑️</td>
<td>☐</td>
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