

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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".

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thea	2. Surname (Last Name) Vliet Vlieland	3. Date 20-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name CS Leichtenberg
5. Manuscript Title Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients		
6. Manuscript Identifying Number (if you know it)		

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Dutch Arthritis Foundation (LLP13)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Rob	2. Surname (Last Name) Nelissen	3. Date 20-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name CS Leichtenberg
5. Manuscript Title Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients		
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Section 1. Identifying Information

1. Given Name (First Name)
Claudia

2. Surname (Last Name)
Leichtenberg

3. Date
20-October-2018

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

5. Manuscript Title
Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Maaïke	2. Surname (Last Name) Gademan	3. Date 20-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name CS Leichtenberg
5. Manuscript Title Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients		
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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Herman	2. Surname (Last Name) Kaptijn	3. Date 20-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name CS Leichtenberg
5. Manuscript Title Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients		
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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"/>	Research grant for RSA study Triatlon Total knee system with regards to polyethylene wear.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 1. Identifying Information

1. Given Name (First Name)

Ricky

2. Surname (Last Name)

van de Water

3. Date

20-October-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

CS Leichtenberg

5. Manuscript Title

Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Ricky van de Water has nothing to disclose.

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1. Given Name (First Name)

Herman

2. Surname (Last Name)

Kroon

3. Date

20-October-2018

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

CS Leichtenberg

5. Manuscript Title

Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients

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Are there any relevant conflicts of interest?

☐ Yes☒ No

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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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1. Given Name (First Name)
Ron

2. Surname (Last Name)
Onstenk

3. Date
20-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
CS Leichtenberg

5. Manuscript Title

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1. Given Name (First Name)
Suzan

2. Surname (Last Name)
Verdegaal

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20-October-2018

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☐ Yes ☒ No

Corresponding Author's Name
CS Leichtenberg

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