

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 six parts.

Identifying information.

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".

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. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Definitions.

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Royalties: Funds are coming in to you or your institution due to your patent

Dowsey 1



Section 1. Identifying Inform	ation					
Given Name (First Name) Michelle	2. Surname (Last Name) Dowsey		3. Date			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name			
5. Manuscript Title Is Older Age a Barrier to Primary Total Hip and Knee Arthroplasty for Osteoarthritis?- A Systematic Review						
6. Manuscript Identifying Number (if you known 17.00077	ow it)					
Section 2. The Work Under Co	onsideration for Public	cation				
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 Vo						
Section 3. Relevant financial a	activities outside the s	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? Ves No						
If yes, please fill out the appropriate information below.						
	Grant? Personal No	n-Financial 7				
Name of Entity	Grant: Fees? S	upport?	Comments			
Johnson & Johnson	✓			_		
Allergan		✓				
Medacta International	✓					
National Health & Medical Research Council	✓					
Australian Research Council						

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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? Yes Volume No
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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. Dowsey reports grants from Johnson & Johnson, non-financial support from Allegergan, grants from Medacta International, grants from National Health & Medical Research Council, grants from Australian Research Council, outside the submitted work; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

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Choong 1



Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information							
1. Given Name (First Name) Peter	2. Surname (Last Name) Choong			3. Date			
4. Are you the corresponding author?	corresponding author? ✓ Yes No						
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Name of Entity	Grant? Personal N	lon-Financial Support	Other?	Comments			
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Allergan		\checkmark					
Medacta International	✓						
National Health & Medical Research Council	✓						
Australian Research Council	✓						
Depuy							
Zimmer							

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Intellectual Property Patents & Copyrights				
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Murphy 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Benjamin	. , ,	2. Surname (Last Name) Murphy	3. Date 08-May-2017			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Professor Peter Choong			
5. Manuscript Title Is Age a Barrier to Total Hip and Knee Arthroplasty for Osteoarthritis? - A Review						
6. Manuscript Ide	ntifying Number (if you kr	now it)				
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