Date:19.04.2022	
Your Name:Eleftheria Zeggini	
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores	
Manuscript number (if known):	

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 <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNoneXNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ENEYGEPIA ZETTINH

Ja	re: 10) 4 20	7		
	ur Name: J. van	leurs.		
Λa	nuscript Title: Risk assessme	nt for hip and knee osteo	arthritis using polyg	enic risk scores
Λla	nuscript number (if known):			,
n t	he interest of transparency,	we ask you to disclose all	relationships/activi	ties/interests listed below that are
				for-profit or not-for-profit third
				sclosure represents a commitment
	ransparency and does not n			about whether to list a
el	ationship/activity/interest, i	is preferable that you do	so.	
		the author's relationship	ps/activities/interes	ts as they relate to the <u>current</u>
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				example, if your manuscript pertain
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ne	dication, even if that medica	ation is not mentioned in t	he manuscript.	÷
			d in this manuscript	without time limit. For all other ite
he	time frame for disclosure is	the past 36 months.		
		Name all entities with	Canaifications/Com	
		whom you have this	Specifications/Com	
		relationship or indicate	institution)	ere made to you or to your
		none (add rows as	institution	
		needed)		
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	All support for the present	None .		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
	Grants or contracts from	X_None		
	any entity (if not indicated			
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	Royalties or licenses	X_None		
	Comparising forms	V Nan-		
	Consulting fees	None		
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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	X_None	0628 674.8
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dat	e: +m/ 1914	2022		
Υοι	ir Name: Hudre G	ltites Inden		
Ma	nuscript Title: Risk assessm	nt for hip and knee osteo	arthritis using polyg	enic risk scores
Ma	nuscript number (if known):			
In t rela par to t rela The ma	he interest of transparency, ited to the content of your raties whose interests may be ransparency and does not nationship/activity/interest, it following questions apply the author's relationships/activity author's relationships/activity he epidemiology of hypertedication, even if that medical	we ask you to disclose all nanuscript. "Related" mea affected by the content or ecessarily indicate a bias. It is preferable that you do to the author's relationship ities/interests should be grain, you should declare ation is not mentioned in t	ins any relation with the manuscript. Di If you are in doubt a so. os/activities/interes defined broadly. For all relationships wit he manuscript.	ties/interests listed below that are for-profit or not-for-profit third sclosure represents a commitment about whether to list a ts as they relate to the current example, if your manuscript pertains h manufacturers of antihypertensive without time limit. For all other items
	time frame for disclosure is	the past 36 months.		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Com (e.g., if payments w institution)	ments ere made to you or to your
		Time frame: Since the initia	al planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone		
		Time frame: pass	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None		
3	Royalties or licenses	_X_None		
1	Consulting fees	None		
3			1	

Payment or honoraria for lectures, presentations,	<u>X</u> None	
speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	_X_None	
Support for attending meetings and/or travel	<u>X</u> None	
Patents planned, issued or pending	X_None	
	N 11	
Safety Monitoring Board or	_X_None	
Leadership or fiduciary role in other board, society, committee or advocacy	None	
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non- financial interests	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- 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.

Date:	_19-04-2022	
Your Name:	Jeroen van Rooij	
Manuscript Title: R	lisk assessment for hip and knee osteoarthritis using polygenic risk scores	
Manuscript numbe	r (if known): ar-21-1869	

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descint of annings out	Name	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
	maneral micresis		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Date: 3-5-2022	
Your Name: (, AROEP	
Manuscript Title: Risk assessment for hip and known at the second and the second	
Manuscript number (if known):	

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All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial None	planning of the work
Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
Royalties or licenses	<u></u> None	
Consulting fees	<u></u> None	

Payment or honoraria for lectures, presentations	None	
speakers bureaus, manuscript writing or	Castill	
Payment for expert testimony	None	
Support for attending meetings and/or travel	None	
Patents planned, issued or pending	_X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
Other financial or non- financial interests	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:26 April, 2022	
Your Name: Sita Bierma-Zeinstra	
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores	
Manuscript number (if known):	

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grants from EE, Dutch Arthritis Association, and ZonMW	Independent research grants paid to the institution
	· · · · · · · · · · · · · · · · · · ·		
3	Royalties or licenses	None	
4	Consulting fees	Pfizer, Infirst Healthcare	Consultancy fees paid to me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
		Nama	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	April 19, 2022
Your Name:	_M. Arfan Ikram
Manuscript Ti	tle: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript n	umber (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

__X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

M. And.

Date:_17-04-2022	_
Your Name:Bahar Sedaghati-khayat	
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores	
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	.,	
6	Payment for expert	None	
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7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_19-04-2022
Your Name:Cindy G. Boer
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	None	
13	other financial or non- financial interests	None	
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_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 19-04-2022	
Your Name: Jos Runhaar	
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores	
Manuscript number (if known): N/A	

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N	
6	Payment for expert	None	
	testimony		
_			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
4.5	services		
13	Other financial or non-	None	
	financial interests		

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