**ICMJE DISCLOSURE FORM**

**Date: August 7, 2023**

**Your Name: Robin Richards**

**Manuscript Title: JBJS Open Access Editor**

**Manuscript number (if known): N/A**

**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.**

**The following questions apply to the** **author’s relationships/activities/interests as they relate to the current**

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**The author’s relationships/activities/interests should be defined broadly. 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.**

**In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,**

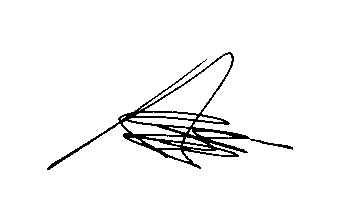
**the time frame for disclosure is the past 36 months.**

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| **Time frame: past 36 months** | | | | |
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| 9 | Participation on a Data  Safety Monitoring Board or Advisory Board | \_\_x\_\_None |  | |
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**Please place an “X” next to the following statement to indicate your agreement:**

**\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this**

**form.**

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**Robin Richards MD FRCSC**