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Dat	e : 31. oktober 2024		
You	r name: Anette Lykke H	ndhede	
Mai	nuscript title: Feasib	ility of digital application-bas	ed information and follow-up in day-care-surgery
Mai	nuscript number (if known):	
are re third comr list a	elated to the content of yo parties whose interests m nitment to transparency a relationship/activity/inter	ur manuscript. "Related" ay be affected by the contend does not necessarily in est, it is preferable that yo	
	ollowing questions apply t <u>uscript only</u> .	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ins to the epidemiology of ypertensive medication, e	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
		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	e frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	e 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, speakers bureaus, manuscript writing or	⊠ None		
	educational events			
6	Payment for expert	⊠ None		
	testimony			
-		D		
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	⊠ None		
	pending			
0	Posticionation on a Poto	57.		
9	Participation on a Data	⊠ None		
	Safety Monitoring Board or Advisory Board			
	or ravisory board			
10	Leadership or fiduciary	⊠ None		
	role in other board,			
	society, committee or advocacy group, paid or			
	unpaid			
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		

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Date	e : 31. oktober 2024		
	r name: Tom Møller		
		ibility of digital application	-based information and follow-up in day-care-
	nuscript number (if know	, , , , , , ,	
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are re third comn list a	elated to the content of y parties whose interests in mitment to transparency relationship/activity/inte	our manuscript. "Related" may be affected by the con and does not necessarily in the contest, it is preferable that you	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
	uscript only.	to the author's relationsin	osy activities, interests as they relate to the <u>current</u>
perta antih In ite	ins to the epidemiology of ypertensive medication, m #1 below, report all su	of hypertension, you should even if that medication is r pport for the work reporte or disclosure is the past 36	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
Time	e frame: Since the initial pl	-	
1	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.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	
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4	Consulting fees	⊠ None		
		_		
5	Payment or honoraria for	☑ None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	Name.		
U		☑ None		
	testimony			
7	Support for attending	☑ None		
	meetings and/or travel			
8	Patents planned, issued or pending	⊠ None		
^	Denti-in-tion on a Data	F 2 ••		
9	Participation on a Data	None		
	Safety Monitoring Board			
	or Advisory Board			
		Γ		
10	Leadership or fiduciary	None		
	role in other board,			
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	⊠ None		
	services			
12	Other financial and	57.4		
13	Other financial or non-	None		
	financial interests			

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Dat	e : 30. oktober 2024		
You	ı r name : Bitten Dybdal		
Ma i surg		ibility of digital application-b	ased information and follow-up in day-care-
Mai	nuscript number (if known):	
are rethird community and the following the following terms of the f	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest following questions apply to uscript only. Buthor's relationships/activities in the epidemiology of hypertensive medication, experienced in the content of the epidemiology	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reporter	ps/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot 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)
	e frame: Since the initial plan		
manuscri provision materials	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from	⋈ None	
	any entity (if not indicated in item #1 above).		
	,		
3	Royalties or licenses	│	

4	Consulting fees	⊠ None		
5	Payment or honoraria for	☐ None		
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Region Hovedstaden: lectures on pain management for nurses of anaestesia and emergency departments		Payment by the hour, personal
	educational events			
6	Payment for expert	⊠ None		
	testimony			
-	Command for adding	5 2		
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or	57		
0	pending	⊠ None		
9	Participation on a Data	⊠ None		
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board, society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	□ None		
		Stockholder in Lundbeck, Novo, Eli Lilly, Demant, GN Store Nord, Coloplast, Embla Medical, Bavarian & Ambu		All registered with lægemiddelstyrelsen
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical			
	writing, gifts or other services			
	JC1 #10CJ			
13	Other financial or non- financial interests	⊠ None		

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