Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 6. december 2024				
Your name: Søren O'Neill				
Manuscript title: Re-referrals to a Danish Regional Spine Centre: Insights from Clinical Data and Patient-				
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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.

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.

		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)
Tim	e frame: Since the initial plan	ning of the work	
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.		

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Time frame: past 36 months	
2 Grants or contracts from 🗵	
any entity (if not indicated Grant unrelated to Danish Found	dation for Chiropractic
in item #1 above). this project: Research and	d Post-Graduate Education.
3 Royalties or licenses None	

4	Consulting fees	⊠ None	
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5	Dayment or henerarie for		
)	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
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6	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data	⊠ None	
	Safety Monitoring Board or Advisory Board		
	Of 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	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical	I HOILE	
	writing, gifts or other services		
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10	Other Enemaister	 	
13	Other financial or non- financial interests	⊠ None	
	manetal interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 7. december 2024		
You	r name: Natalie Hong Si	u Chang	
Mai			pine Centre: Insights from Clinical Data and Patient-
	nuscript number (if known		
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are rothind commediate to the	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interestions apply to	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
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	m #1 below, report all sup r items, the time frame for	-	d in this manuscript without time limit. For all months.
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
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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. e frame: past 36 months Grants or contracts from any entity (if not indicated	needed) ning of the work None	Click TAB in last row to add extra rows
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. Grants or contracts from	needed) ning of the work None	Click TAB in last row to add extra rows
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. e frame: past 36 months Grants or contracts from any entity (if not indicated	needed) ning of the work None	Click TAB in last row to add extra rows

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
	eddedional events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	M Name
٥	pending	⊠ None
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9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	of Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
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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	
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 6. december 2024		
You	r name: Anders Hansen		
		errals to a Danish Regional S	pine Centre: Insights from Clinical Data and Patient-
	nuscript number (if known		
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are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	rm #1 below, report all sup r items, the time frame for	•	d in this manuscript without time limit. For all nonths.
		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)
Tim	e frame: Since the initial plan		
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.		
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Tim	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
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	in item #1 above).		
3	in item #1 above). 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	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
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8	Patents planned, issued or pending	⊠ None
	pending	
9 Participation on a Data None		⊠ None
	Safety Monitoring Board	- None
	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
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	- None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 6. december 2024		
You	r name: Steen Harsted		
Mar	nuscript title: Re-refe	errals to a Danish Regional S	pine Centre: Insights from Clinical Data and Patient-
	nuscript number (if known		
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of ypertensive medication, even medication, even medication, even m#1 below, report all supp	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
othe	r items, the time frame for	disclosure is the past 36 r	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 plan	-	
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.		
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	e frame. past 30 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
	eddedional events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	M Name
٥	pending	⊠ None
	Pe9	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
	- 1	
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	

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Dat	e: 6. december 2024		
You	r name: Casper Nim		
Mai	nuscript title: Re-refe	errals to a Danish Regional S	pine Centre: Insights from Clinical Data and Patient-Reported
Mai	nuscript number (if known):	
are ro third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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		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 plan		
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.	⊠ None	
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Time	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	
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	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
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6	Payment for expert	⊠ None	
	testimony	Z None	
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7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Dorticipation on a Data	N N	
9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
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11	Stock or stock options	None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	△ None	
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

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Dat	e: 6. december 2024		
You	ır name: Jakob Blaabjerg	Espesen	
Mai			pine Centre: Insights from Clinical Data and Patient-
Mai	nuscript number (if known		
are r third comr list a	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
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perta antih In ite	ains to the epidemiology of sypertensive medication, ex	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript I 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)
Tim	e frame: Since the initial plan		
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	⊠ None	
	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 educational events	⊠ None	
6	Payment for expert testimony	M N	
6		⊠ None	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Datants planned issued or	M N	
٥	Patents planned, issued or pending	⊠ 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	M None	
10		⊠ None	
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11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
12		D	
13	Other financial or non- financial interests	⊠ None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 7. december 2024		
You	r name: Dorthe Schoeler	⁻ Ziegler	
Mai	nuscript title: Re-refe	errals to a Danish Regional S	pine Centre: Insights from Clinical Data and Patient-
Mai	nuscript number (if known):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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	m #1 below, report all supper items, the time frame for	•	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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	⋈ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
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6	Payment for expert testimony	⊠ None	
	testimony		
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8	Patents planned, issued or	⊠ None	
	pending	Zivone	
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or advocacy group, paid or unpaid		
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11	Stock or stock options	None	
12	Possint of aguinment	⊠ Nama	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	⊠ None	
13		△ NOTIE	

☐ 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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