ICMJE DISCLOSURE FORM

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

Date	e: 8. juli 2025		
You	r name: Grazvydas Tuck	us Muchi	e)
Mar	nuscript title: Spiral f	fundet indlejret I blærevæg	efter 17 år
Mar	nuscript number (if known):	
are re third comp	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the con nd does not necessarily ir	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a adicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you shoul	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	m #1 below, report all sup ritems, the time frame for	•	ed 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 plan	A THE PARTY OF THE RESERVE OF THE STATE OF T	1778年,首先的第三人称单数,自然是自然是是,在1
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.		
-		t-	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).		

Royalties or licenses

⊠ None

3

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		

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.

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

ICMJE DISCLOSURE FORM

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

Date : 9. juli 2025						
Your name: Anne-Sofie Vibæk Eisum						
Manuscript title: Spiral fundet indlejret i blæreva	æg efter 17 år					
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	ining 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.		

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months				
2	Grants or contracts from				
	any entity (if not indicated		PhD-student, salary financed by Melsen Fonden.		
	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		
	eddedtional 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		
	penamg			
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
	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, materials, drugs, medical writing, gifts or other	⊠ None		
	services			
13	Other financial or non- financial interests	⊠ 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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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

ICMJE DISCLOSURE FORM

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

Dat	e: Klik vertryk fo Degre	e en dato.				
Υοι	arname: Anne	Buchnava (Disen			
Ma	nuscript title: Spiral	fundet indle	just it	larellag	etter	Fac
Ма	nuscript number (if knowr	n):	*			
are r third com	e interest of transparency, elated to the content of yo parties whose interests m mitment to transparency a relationship/activity/inter	ur manuscript. "Related" nay be affected by the con nd does not necessarily in	means any rela ntent of the ma dicate a bias. If	tion with for-pr nuscript. Disclo	ofit or not sure repr	:-for-profit esents a
	following questions apply t uscript only.	o the author's relationshi	os/activities/int	erests as they r	elate to t	he <u>current</u>
perta antih In ite	author's relationships/activalins to the epidemiology on the epidemiology on the propertion, each will be a support all support all support all support all support all support all supports and the support all supports and the s	f hypertension, you shou even if that medication is eport for the work reporte	ld declare all re not mentioned ed in this manu	lationships with in the manuscri	manufac ipt.	turers of
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/C (e.g., if paymen institution)	Comments ats were made to	you or to	your
Tim	e frame: Since the initial plan	ning of the work	ALLES RIFAR	ASSESSED AND		
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.					
Tim	e frame: past 36 months			Click TAB in last	row to add	extra rows
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	☑ None				

4	Consulting fees	□ None Bayer	advisory boayof	(prostale
				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 Bayer PAPRO(A	C. Prestate	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non		
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		

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.

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