

1. Given Name (First Name) Inger	2. Surname (Last Name) Mechlenburg	3. Effective Date (07-August-2008 25-February-2013
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title	ehandling og komplikationer.	

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Puk	olication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
2. Consulting fee or honorarium	/					ADD ×
3. Support for travel to meetings for the study or other purposes	V					ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					ADD ×
5. Payment for writing or reviewing the manuscript	V					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support	V					ADD ×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other						AP As a second s	ADD
7. Other		✓					×
							ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership	V				
2. Consultancy	V				
3. Employment	V				
4. Expert testimony	V				
5. Grants/grants pending	✓				
5. Payment for lectures including service on speakers bureaus	V				
7. Payment for manuscript preparation	V				F

Mechlenburg

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or	I ESERCIO					ADI
issued)	V					×
9. Royalties						ADI
5. noyalties	V					×
Payment for development of educational presentations	V					ADE ×
1. Stock/stock options	/					ADD ×
Travel/accommodations/ meeting expenses unrelated to activities listed**	V					ADD ×
3. Other (err on the side of full disclosure)	V					ADD ×
This means money that your institution For example, if you report a consultance	received to	for your effo here is no ne	rts. eed to report travel 1	related to that consult	ancy on this line.	ADD

Section 4. Other relationships
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):
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1. Given Name (First Name) Maiken	Surname (Last Name)Stilling	NATIONAL AND	3. Effective Date (07-August-2008 21-February-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nan	ne
5. Manuscript Title Hofteartrose: diagnostisk, behandling	ı og komplikationer	After the section of	

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
5. Payment for writing or reviewing the manuscript	V					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	V					×

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The Work	The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
					A		ADD	
7. Other		✓					×	
							ADD	

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Light of the control	Section 1		Supranas Singapa Sant			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					×
2. Consultancy	V					ADI X
3. Employment	/					ADI ×
4. Expert testimony	V					ADE X
5. Grants/grants pending	V					ADE X
Payment for lectures including service on speakers bureaus	V					ADE ×
7. Payment for manuscript preparation	V					ADD ×

Stilling

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Relevant financial activities out	side th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	V					ADD ×
9. Royalties	V					ADD X
Payment for development of educational presentations	V					ADD X
11. Stock/stock options	/					ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					ADD ×
13. Other (err on the side of full disclosure)	V					ADD ×
* This means money that your institution ** For example, if you report a consultance				el related to that consul	tancy on this line.	ADD
Section 4. Other relationsl	nips					
Are there other relationships or active potentially influencing, what you wro				have influenced, or th	at give the appearance o	f

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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1. Given Name (First Name) Kjeld	Surname (Last Name)Søballe		3. Effective Date (07-August-2008) 26-February-2013
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Nar Maiken Stilling	me
5. Manuscript Title Hofteartrose: ætiologi, diagnostik, beh	andling og komplikation	er	

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The Work Under Consideration	for Pub	lication				
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
2. Consulting fee or honorarium	/					ADD ×
Support for travel to meetings for the study or other purposes	V					ADD ×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					ADD ×
5. Payment for writing or reviewing the manuscript	V					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support	V					ADD ×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
7 0.1				Market and the second			ADD	
7. Other		✓					×	
							ADD	

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					
2. Consultancy	V					Α
3. Employment	V					A
Expert testimony	V					A
. Grants/grants pending	✓					A
. Payment for lectures including service on speakers bureaus	V					Al
. Payment for manuscript preparation	V					AI

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Relevant financial activities out	side th		ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
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Patents (planned, pending or issued)	V					×
						ADI
9. Royalties	1					×
Payment for development of						ADI
educational presentations	✓					×
1. Stock/stock options	V					ADD
n stock stock options	V					X ADD
Travel/accommodations/ meeting expenses unrelated to activities listed**	V					×
						ADD
3. Other (err on the side of full disclosure)	✓					×
This means money that your institution * For example, if you report a consultance Section 4. Other relationsh	y above t	for your effo here is no n	orts. eed to report travel	related to that consult	tancy on this line.	ADD

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Yes, the following relationships/conditions/circumstances are present (explain below):

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Given Name (First Name) Martin	2. Surname (Last Name) Lamm	3. Effective Date (07-August-20 26-February-2013
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Maiken Stilling
5. Manuscript Title Hofteartrose: ætiologi, diagnostik,	behandling og komplikatione	er

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The Work Under Consideration	or Pub	THE PROPERTY OF STREET				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
						ADD
2. Consulting fee or honorarium	V					×
						ADD
3. Support for travel to meetings for the study or other purposes	V					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
5. Payment for writing or reviewing the manuscript	V					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	V					×
Lamm						7



The Work Under Consideration for Publication									
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7. Other		✓					×		
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2. Consultancy	V					A
3. Employment	V					A
l. Expert testimony	V					A
5. Grants/grants pending	/					A
i. Payment for lectures including service on speakers bureaus	V					Α
7. Payment for manuscript preparation	V					A

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			Total I	W		AD
Patents (planned, pending or issued)	V					×
						AD
9. Royalties	\checkmark					×
Payment for development of educational presentations	V					AD ×
1. Stock/stock options	✓					AD X
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					AD ×
Other (err on the side of full disclosure)	V					AD ×
This means money that your institution * For example, if you report a consultan	received cy above	for your eff there is no r	orts. need to report travel	related to that consul	tancy on this line.	AD
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