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 eller tryk for at ang	ive en dato.	
You	ir name: Georg Authrie	d	
Ma	nuscript title: Apla	sia cutis congenita medførende	e abduktionsfejlstilling af storetå
Ma	nuscript number (if know	vn): 71066	
are r third comi list a	elated to the content of y parties whose interests mitment to transparency relationship/activity/inte	your manuscript. "Related" may be affected by the con and does not necessarily in erest, it is preferable that you	
	following questions apply uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology appertensive medication, em #1 below, report all su	of hypertension, you should even if that medication is n	defined broadly. For example, if your manuscript dideclare all relationships with manufacturers of not 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 pl	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim 1	All support for the presen manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.)	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your
	All support for the presen manuscript (e.g., funding, provision of study materials, medical writing article processing charges	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your
	All support for the presen manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your
1	All support for the presen manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your institution)
1	All support for the presen manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your institution)
1	All support for the presen 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	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your institution)
1	All support for the presen manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your institution)
Tim 2	All support for the presen manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your institution)
1	All support for the presen manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.) No time limit for this item. Grants or contracts from any entity (if not indicated)	whom you have this relationship or indicate none (add rows as needed) anning of the work None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None	
	educational events		
6	Daymant for avaort	M Nama	
0	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
	<i>5</i> ,		
8	Patents planned, issued or	☑ None	
	pending		
•	<u> </u>		
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		
11			
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	e: Klik eller tryk for at angiv	e en dato.	
You	r name: Mathias Tiedem	ann Svendsen	
Mar	nuscript title: Aplasia	a cutis congenita medførende	e abduktionsfejlstilling af storetå
Mar	nuscript number (if known): 71066	
are re third comr	elated to the content of yo parties whose interests m	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 useript only.	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, ev	hypertension, you should ven 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. 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.) No time limit for this item.	⊠ None	
	item.		Clieb TAB in last very taged autonomous
			Click TAB in last row to add extra rows
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None	
	educational events		
6	Daymant for avaort	M Nama	
0	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
	<i>5</i> ,		
8	Patents planned, issued or	☑ None	
	pending		
•	<u> </u>		
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		
11			
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.