Date	e: 20. maj 2021				
You	r name: Peter Lommer k	Kristensen			
	Manuscript title: Quality of diabetes treatment in four orthopaedic departments in the Capital Region of Denmark				
Mar	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 tent 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.		
	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 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	nning of the work			
1	All support for the present	None Non			
	manuscript (e.g., funding, provision of study				
	materials, medical writing,				
	article processing charges,				
	etc.)				
	No time limit for this				
	item.				
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Time	e frame: past 36 months		Silok I/I E III last 10 W to add oxid 10 ii		
111110	e frame. past 30 months				
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	Grant	From NovoNordisk Foundation supporting af study of glucose control in patients with diabetes hospitalized due to COVID-19.		
3	Royalties or licenses	☑ None			

4	Consulting fees	None	
5	Payment or honoraria for	□ None	
3	lectures, presentations,	Speaker fee from	Novo Nordisk
	speakers bureaus,	эреакентее попп	Astra Zeneca
	manuscript writing or		AStra Zerieca
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel	Z None	
	· ·		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
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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	∇ None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	■ None	
	financial interests		

☑ 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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-	our name: Anne	Jessen	
	lanuscript title: Quali enmark	ty of diabetes treatment in fo	ur orthopaedic departments in the Capital Region of
N	lanuscript number (if know	n):	
a tl	re related to the content of aird parties whose interests	your manuscript. "Related may be affected by the co and does not necessarily	Il relationships/activities/interests listed below that "means any relation with for-profit or not-for-profintent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to you do so.
	e following questions appl anuscript only.	y to the author's relationsh	nips/activities/interests as they relate to the current
pe an	rtains to the epidemiology tihypertensive medication,	of hypertension, you shou even if that medication is upport for the work report	e defined broadly. For example, if your manuscript all declare all relationships with manufacturers of not mentioned in the manuscript. ed in this manuscript without time limit. For all 5 months.
The second second		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)
in	ne frame: Since the initial pla	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
in	All support for the present 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)	(e.g., if payments were made to you or to your
vi	All support for the present 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)	(e.g., if payments were made to you or to your institution)
	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.	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	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.	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
	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.	whom you have this relationship or indicate none (add rows as needed)	(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 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	I≱.None
13	Other financial or non- financial interests	None .

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Dat	e : 25. maj 2021			
You	Ir name: Susanne Margre	ethe Myrup Houe		
	Manuscript title: Quality of diabetes treatment in four orthopaedic departments in the Capital Region of Denmark			
Mai	nuscript number (if known):		
are re third comr list a	elated to the content of your parties whose interests maitment to transparency a relationship/activity/interests.	our 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.	
	uscript only.	·	, <u> </u>	
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript I declare all relationships with manufacturers of ot mentioned in the manuscript.	
	em #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 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 plar	nning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	⊠ None		
	etc.)			
	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		
۷	any entity (if not indicated in item #1 above).	NOTIC		
3	Royalties or licenses	None Non		
3	Royalties of licerises	□ NOTE		

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

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Date	e: 21. maj 2021				
You	r name: Pernille Banck-F	Petersen			
	Manuscript title: Quality of diabetes treatment in four orthopaedic departments in the Capital Region of Denmark				
Mar	nuscript number (if known):			
are rethird comrist a The finance The approxes	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interestionship questions apply to ascript only. Buthor's relationships/activities to the epidemiology of	ur manuscript. "Related" ay be affected by the continuous not necessarily in est, it is preferable that you the author's relationship wities/interests should be got hypertension, you should	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 defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
	m #1 below, report all sup titems, 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)		
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.				
		<u>I</u>	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 educational events	None Non	
6	Payment for expert	None Non	
	testimony		
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data 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	
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12	Receipt of equipment,		
12	materials, drugs, medical	M MOHE	
	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		

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Date:

Dik Br.try 🗗 65 angiy Qn 🕳 12 /

Your name:

Charlotte Schipt2

Manuscript title:

Quality of diabetes treatment in four orthopaedic departments in the Capital Region of

Denmark

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)

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 None entity (if not indicated in item #1 above).

3 Royalties or licenses None

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events

S Payment for expert testimony None

7 Support for attending meetings and/or travel



8 Patents planned, issued or None pending



9 Participation on a Data Safety Monitoring Board or Advisory Board



10 Leadership or fiduciary role None 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



13 Other financial or nonfinancial interests



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.

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[Solid Representation of the state of the wording of the questions on this form.]

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Page

Date	e: Klik eller tryk for at angive	e en dato.			
You	r name: Katrine Bagge F	lansen			
	Manuscript title: Quality of diabetes treatment in four orthopaedic departments in the Capital Region of Denmark				
Mar	nuscript number (if known)):			
are rethird comrist a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest following questions apply to ascript only. Buthor's relationships/activities to the epidemiology of ypertensive medication, experienced in the content of the particular 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 titles/interests should be given if that medication is not port for the work reported	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	ning of the work			
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			
			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).				
3	Royalties or licenses				

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 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

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Date	e : 20. maj 2021			
You	r name: Ole Lander Svei	ndsen		
	Manuscript title: Quality of diabetes treatment in four orthopaedic departments in the Capital Region of Denmark			
Mar	nuscript number (if known):		
are re third comr list a The f	elated to the content of yo parties whose interests m nitment to transparency a 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. ps/activities/interests as they relate to the current	
perta antih In ite	nins 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	nning 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			
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 Non	
5		None Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None.	
0	testimony	None Non	
7	Support for attending	None.	
/	meetings and/or travel	None Non	
	g		
8	Patents planned, issued or		
O	pending	None	
9	Participation on a Data	None Non	
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	N/ None	
13	financial interests	None Non	

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Date	2: 24. november 2021		
You	r name: Thomas Almdal		
	nuscript title: Quality mark	of diabetes treatment in fou	ur orthopaedic departments in the Capital Region of
Mar	nuscript number (if known):	
are re 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	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.
	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.
	m #1 below, report all suppitems, 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)
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 Non	
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			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	
5	Noyalties of ficerises	None Non	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	Attending European Association for the Study of Diabetes Annual meeting 2021	Invited / sponsered by Sanofl and Boehringer Ingelheim
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	□ None Holds stocks in Novo Nordisk	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	None Non	

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Date	e: Klik eller tryktor at	e en dato. O L	
You	r name: Ulla Bjerre-Chris	stensen	
	nuscript title: Quality mark	of diabetes treatment in fou	r orthopaedic departments in the Capital Region of
Mar	nuscript number (if known)):	
are re third comr	elated to the content of you 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 u 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	ains 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.
	em #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 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 plar		
1	All support for the present	☑ None	
	manuscript (e.g., funding,		-
	provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
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	item.		
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Tim	ne frame: past 36 months		
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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
_	III ICOIII A E GEOTOJI		
3 Royalties or licenses None			
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4	Consulting fees	⊠ None			
5	Payment or honoraria for	⊠ None			
	lectures, presentations,	<u> </u>			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	⊠ None			
		57			
7	Support for attending meetings and/or travel	⊠ None			
	meetings and/or traver				
8	Patents planned, issued or	⊠ None			
	pending				
9	Participation on a Data	⊠ None			
	Safety Monitoring Board				
	or Advisory Board				
10	Landarchin ar fiducians	M Name			
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			
		2.00.0			

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