## **ICMJE DISCLOSURE FORM**

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

Date: Klik eller tryk for at angive en dato.				
Your name: Troels Kardel				
Manuscript title:	Latent skelen – lægens egen beskrivelse			
Manuscript number (if known): 20215				

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</u> <u>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.

Tim	e frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) ming of the work	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.		

Click TAB in last row to add extra rows

## Time frame: past 36 months

2	Grants or contracts from	⊠ None			
	any entity (if not indicated				
	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
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:

 $\boxtimes$  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.