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

Date:	5. juli 20	021	
Your na	ame:	Christian Dippmann	
Manuso	cript title	e: Udredning og behandling af flerligamentskader i knæet.	
Manuso	cript nur	mber (if known): UFL-03-21-0286	

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.

		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 planı	ning of the work	
1	All support for the present	🛛 None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this item.		
	No time limit for this item.		

Click TAB in last row to add extra rows

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	
5	lectures, presentations,	🖾 None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert testimony	🖾 None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data Safety Monitoring Board or	🖾 None
	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	
12	Receipt of equipment, materials, drugs, medical	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	
12	materials, drugs, medical	
	materials, drugs, medical writing, gifts or other services	Image: Second secon
12	materials, drugs, medical writing, gifts or other services Other financial or non-	
	materials, drugs, medical writing, gifts or other services	Image: Second secon

 \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.

Date: Klik eller tryk for at angive en dato.		
Your name: Mar	tin Lind	
Manuscript title:	: Udredning og behandling af flerligamentskader i knæet.	
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</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.

Time 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)
 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	

Click TAB in last row to add extra rows

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

 \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.

Date:	5. juli 20	21
Your na	me:	Michael Rindom Krogsgaard
Manuscript title: Udredning og behandling af flerligamentskader i knæet		
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</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.

		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 planı	ning of the work	
1	All support for the present manuscript (e.g., funding,	⊠ None	
	provision of study		
	materials, medical writing,		
	article processing charges, etc.)		
	etc.)		
	No time limit for this item.		
	No time mint for this item.		

Click TAB in last row to add extra rows

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	
5	lectures, presentations,	🖾 None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert testimony	🖾 None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data Safety Monitoring Board or	🖾 None
	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	
12	Receipt of equipment, materials, drugs, medical	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	
12	materials, drugs, medical	
	materials, drugs, medical writing, gifts or other services	Image: Second secon
12	materials, drugs, medical writing, gifts or other services Other financial or non-	
	materials, drugs, medical writing, gifts or other services	Image: Second secon

 \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.

Date: 5. juli 2021		
Your name: Torsten V	Varming	
Manuscript title: Udredning og behandling af flerligamentskader i knæet		
Manuscript number (if known): UFL-07-21-0561		

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.

		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 planı	ning of the work	
1	All support for the present	🛛 None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this item.		

Click TAB in last row to add extra rows

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	5 Payment or honoraria for 🛛 🛛 None				
5	lectures, presentations, speakers bureaus, manuscript writing or educational events	🖾 None			
6	,	🖾 None			
	testimony				
7	7 Support for attending	⊠ None			
	meetings and/or travel				
8	Patents planned, issued or	⊠ None			
	pending				
9	Participation on a Data Safety Monitoring Board or	🖾 None			
	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				
12	Receipt of equipment, materials, drugs, medical	Image: Second secon			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	Image: Second secon			
12	materials, drugs, medical	Image: Second secon			
	materials, drugs, medical writing, gifts or other services				
12	materials, drugs, medical writing, gifts or other services Other financial or non-	⊠ None □			
	materials, drugs, medical writing, gifts or other services				

 \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