Date	e: 11. juni 2021		
You	r name: Lasse Kindler Harris	, PT, PhD student	
	nuscript title: Consequences roplasty	for pre-operative pain and t	function when postponing elective knee and hip
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.
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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.
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Time	e frame: Since the initial plan		
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	No time limit for this item.		
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Time	e frame: past 36 months		
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4	Consulting fees	
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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 11. juni 2021		
You	r name: Lina Holm Ingelsrud	, PT, PhD	
	nuscript title: Consequences roplasty	for pre-operative pain and f	function when postponing elective knee and hip
Mar	nuscript number (if known):	
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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 Non	
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4	Consulting fees	
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
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
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13	Other financial or non- financial interests	None

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Dat	e: 11. juni 2021		
You	r name: Kirill Gromov, MD, P	PhD	
	nuscript title: Consequences roplasty	for pre-operative pain and t	function when postponing elective knee and hip
Mai	nuscript number (if known):	
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		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 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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Tim	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None Non	
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4	Consulting fees	
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

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Date	e: 11. juni 2021		
You	r name: Christian Skovgaard	Nielsen, MD, Associate Prof	essor, PhD
	nuscript title: Consequences roplasty	for pre-operative pain and f	function when postponing elective knee and hip
Mar	nuscript number (if known):	
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Time	e frame: Since the initial plan	ning of the work	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
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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
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13	Other financial or non- financial interests	None

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Date	e: 11. juni 2021		
You	r name: Thue Ørsnes, MD		
	nuscript title: Consequences roplasty	for pre-operative pain and f	function when postponing elective knee and hip
Mar	nuscript number (if known):	
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	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
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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 Non	
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6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None
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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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Jat	Date: 11. juni 2021			
You	Your name: Anders Troelsen, MD, PhD, DMSc			
	Manuscript title: Consequences for pre-operative pain and function when postponing elective knee and hip arthroplasty			
Mai	nuscript number (if known):		
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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	disclosure is the past 36 r		
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		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)	
\vdash	e frame: Since the initial plar	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your	
Timo	e frame: Since the initial plan 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	
\vdash	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) nning of the work	(e.g., if payments were made to you or to your	
\vdash	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) nning of the work	(e.g., if payments were made to you or to your	
\vdash	All support for the present 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) nning of the work	(e.g., if payments were made to you or to your	
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Time 2	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. e frame: past 36 months 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) nning of the work None None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Research support, travel/accommodations/meeting	
Time	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. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Research support, travel/accommodations/meeting	

4	Consulting fees	□ None	
		Zimmer Biomet	Counsultancy
		Pfizer Denmark	Counsultancy
5	Payment or honoraria for	□ None	
0	lectures, presentations, speakers bureaus, manuscript writing or educational events	Zimmer Biomet	Payment for lectures including service on speakers bureaus.
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	□ None	
	Safety Monitoring Board or Advisory Board	Danish Knee Arthroplasty register	
10	Leadership or fiduciary	☐ None	
	role in other board,	Zimmer Biomet	Advisory board member
	society, committee or	Pfizer Denmark	Advisory board member
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
	'	2 110110	
10	Descipt of aguinment	₩	
12	Receipt of equipment, materials, drugs, medical	None Non	<u> </u>
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

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