ICMJE DISCLOSURE FORM

Dat	e: 7. oktober 2021		
You	r name: Thomas Cold	ling-Rasmussen	
Der	nuscript title: n isolerede posteriore m ktur	alleolfraktur: En sjæld	en, potentiel alvorlig og hyppigt overset
Mai	nuscript number (if known): 06-21-0499	
are re third comr list a The f	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 conind 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. OS/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 reporte	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)
	e frame: Since the initial plan	1	
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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Tim	e frame: past 36 months		
-			
2	Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
3	Royalties or licenses		
	,		

4	Consulting fees	None Non	
5	Payment or honoraria for	None Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony	Z None	
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board or Advisory Board		
	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 Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other services		·
	301 11003		
13	Other financial or non- financial interests	None Non	

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Dat	e: 7. oktober 2021			
Your name: Benjamin Presman				
Mai	Manuscript title: Den isolerede posteriore malleolfraktur: En sjælden, potentiel alvorlig og hyppigt overset fraktur			
Mai	nuscript number (if known): 06-21-0499		
are re third comr list a	elated to the content of yo parties whose interests ma mitment 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. Os/activities/interests as they relate to the current	
perta antih In ite	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 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.			
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Tim	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

Royalties or licenses

None
 Non

4	Consulting fees	⊠ None		
_	Daniel and an analysis from			
5	Payment or honoraria for lectures, presentations,	None Non		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None Non		
	testimony			
7	Support for attending	None Non		
	meetings and/or travel			
8	Patents planned, issued or	None Non		
	pending			
9	Participation on a Data	⊠ None		
	Safety Monitoring Board or Advisory Board			
	Of Advisory Board			
10	Leadership or fiduciary	None Non		
	role in other board, society, committee or			
	advocacy group, paid or			
	unpaid			
4.1				
11	Stock or stock options	None ■		
4.0				
12	Receipt of equipment,	None Non		
	materials, drugs, medical writing, gifts or other services			
13	Other financial or non-	⊠ None		
13	financial interests	None Non		

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Date: 7. oktober 2021			
Your name: Ilija Ban			
Manuscript title: Den isolerede posteriore malleolfraktur: En sjælden, potentiel alvorlig og hyppigt overset fraktur			
Manuscript number (if known): 06-21-0499			

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.

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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	Time frame: Since the initial planning of the work		
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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Tim	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 Non		

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	role in other board, society, committee or			
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	unpaid			
4.1				
11	Stock or stock options	None ■		
4.0				
12	Receipt of equipment,	None Non		
	materials, drugs, medical writing, gifts or other services			
13	Other financial or non-	⊠ None		
13	financial interests	None Non		

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