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

| Date: 10. januar 2023  |
|--|
| Your name: Nikolaj Raaber  |
| Manuscript title: Traumatic brain injury in Central Denmark Region 2014-2021                                     |
| Manuscript number (if known): version 11   |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that |

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.

| <b>-</b> |                                 | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)  | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----------|---------------------------------|---|---|
| Tim      | e frame: Since the initial plan | ning 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.                           |   |   |
|          | 1101111                         |   |   |

| 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 |  |  |  |
|     |                              |   |  |  |  |
|     |                              |   |  |  |  |

| 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<br>Safety Monitoring Board<br>or Advisory Board                                       | ⊠ None    |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | None None |
| 11 | Stock or stock options  | None      |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | None 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: 10. januar 2023  |  |  |  |  |
|--|--|--|--|--|
| Your name: Hand Kirkegaard   |  |  |  |  |
| Manuscript title: Traumatic brain injury in Central Denmark Region 2014-2021 |  |  |  |  |
| Manuscript number (if known): version 11                                     |  |  |  |  |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----|--|--|---|
| Tim | e frame: Since the initial plan  | ning of the work   |   |
| 1   | All support for the present<br>manuscript (e.g., funding,<br>provision of study<br>materials, medical writing,<br>article processing charges,<br>etc.) | ⊠ None   |   |
|     | No time limit for this item.   |  |   |

| 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 |  |  |
|     |                              |   |  |  |
|     |                              |   |  |  |

| 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<br>Safety Monitoring Board<br>or Advisory Board                                       | ⊠ None    |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | None None |
| 11 | Stock or stock options  | None      |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | None      |
| 13 | Other financial or non-<br>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

| Date  | e: 20. januar 2023   |   |   |
|---|--|---|---|
| You   | r name: Frederik Trier   |   |   |
| Mar   | nuscript title: Trau   | matic brain injury in (   | Central Denmark Region 2014-2021  |
| Mar   | nuscript number (if known  | ): version 11   |   |
| are re<br>third<br>comn<br>list a<br>The fo | elated to the content of yo<br>parties whose interests ma<br>nitment to transparency ar<br>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<br>antih                              | ins to the epidemiology of ypertensive medication, ev  | hypertension, you should<br>yen if that medication is n   | defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  |
|   | items, the time frame for  |   | d in this manuscript without time limit. For all nonths.  |
|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)  | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
|   | e frame: Since the initial plan  |   |   |
| 1   | All support for the present<br>manuscript (e.g., funding,<br>provision of study<br>materials, medical writing,<br>article processing charges,<br>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     Non |   |
|   | ,  |   |   |

| 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<br>Safety Monitoring Board<br>or Advisory Board                                       | ⊠ None    |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | None None |
| 11 | Stock or stock options  | None      |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | None 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.

| <b>Date</b> : 10. januar 2023  |  |  |  |  |
|--|--|--|--|--|
| Your name: Jesper Fjølner  |  |  |  |  |
| Manuscript title: Traumatic brain injury in Central Denmark Region 2014-2021 |  |  |  |  |
| Manuscript number (if known): version 11                                     |  |  |  |  |
|  |  |  |  |  |

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 plan   | 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.  |  |   |

| Time frame: past 36 months |  |               |  |  |
|----------------------------|--|---------------|--|--|
|                            |  |               |  |  |
| 2                          | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ None        |  |  |
|                            |  |               |  |  |
|                            |  |               |  |  |
|                            |  |               |  |  |
| 3                          | Royalties or licenses  | <b>⋈</b> 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<br>Safety Monitoring Board<br>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,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | None None  |
| 13 | Other financial or non-<br>financial interests   | None Service |

 ${f f Z}$  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.

| <b>Date</b> : 10. januar 2023  |  |  |  |
|--|--|--|--|
| Your name: Bo Bergholt   |  |  |  |
| Manuscript title: Traumatic brain injury in Central Denmark Region 2014-2021 |  |  |  |
| Manuscript number (if known): version 11                                     |  |  |  |

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) |
|-----|---|--|---|
| 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   |   |
|     | No time limit for this item.  |  |   |

| Time 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 |  |
|    |   |        |  |
| 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<br>Safety Monitoring Board<br>or Advisory Board                                       | ⊠ None |  |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | ⊠ None |  |
| 11 | Stock or stock options  | ⊠ None |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | ⊠ None |  |
| 13 | Other financial or non-<br>financial interests  | ⊠ None |  |

🛛 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