Dat			
Dat	e: 17. februar 2023		
You	r name: Lisbet Rosenkra	ntz Hölmich	
Mai	nuscript title: More	l-Lavallée læsion	
	nuscript number (if known):	
In the are retained third comments and the first and the apertained the interior and the interior and the apertained the interior and the interior and the apertained the interior and the i	e interest of transparency, elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest following questions apply to uscript only. Buthor's relationships/activitys to the epidemiology of ypertensive medication, even	we ask you to disclose all ur manuscript. "Related" ay be affected by the conducted does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reported.	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan	relationship or indicate none (add rows as needed)	
Time	e frame: Since the initial plan All support for the present	relationship or indicate none (add rows as needed) ning of the work	
	All support for the present manuscript (e.g., funding,	relationship or indicate none (add rows as needed)	
	All support for the present manuscript (e.g., funding, provision of study	relationship or indicate none (add rows as needed) ning of the work	
	All support for the present manuscript (e.g., funding,	relationship or indicate none (add rows as needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	relationship or indicate none (add rows as needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) ning of the work	institution)
1	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.	relationship or indicate none (add rows as needed) ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) ning of the work	institution)
1	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.	relationship or indicate none (add rows as needed) ning of the work	institution)
1	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	relationship or indicate none (add rows as needed) ning of the work None	institution)
1	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	relationship or indicate none (add rows as needed) ning of the work None	institution)
1	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	relationship or indicate none (add rows as needed) uning of the work None	institution)
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. Grants or contracts from any entity (if not indicated in item #1 above).	relationship or indicate none (add rows as needed) ning of the work None	institution)

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 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

Date	e: 17. februar 2023		
You	r name: Kristoffer Weiss	kirchner Barfod	
Mar	nuscript title: Morel-L	_avallée læsion	
Mar	nuscript number (if known):	
In the are retained third comments and the following the area and the line itee.	e interest of transparency, elated to the content of yo parties whose interests manitment to transparency ar relationship/activity/interestionship questions apply to uscript only. Buthor's relationships/activitys to the epidemiology of ypertensive medication, experienced to the content of the epidemiology of the series of the epidemiology of t	we ask you to disclose all ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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 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.		
			Click TAB in last row to add extra rows
			Click TAB III last Tow to add extra Tows
Time	e frame: past 36 months		
2	Grants or contracts from	□ None	
_	any entity (if not indicated	Enovis	100.000€
	in item #1 above).	LITOVIS	100.000
3	Dovalties or licenses	N/ None	
3	Royalties or licenses		

4 Consulting fees			
		Enovis	10.000€
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
,	D		
6	Payment for expert testimony		
	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 Non	
	Safety Monitoring Board	Zirione	
	or Advisory Board		
10	Loadorchin or fiduciary	None.	
10	Leadership or fiduciary role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	M None	
11	Stock of Stock obtions		
12	Receipt of equipment,	■ None	
	materials, drugs, medical writing, gifts or other		
	services		
			1
13	Other financial or non-	None	
	financial interests		

 \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

Dat	e : 16. februar 2021		
You	r name: Jan Duedal Rölf	ing	
Mai		_avellee læsion	
	nuscript number (if known		
IVIG	nuscripe number (ii known	<i>j</i> .	
are ro third comr list a	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 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 cent 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
	uscript only.	,	<u></u>
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	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)
Time	e frame: Since the initial plan		
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No alico di licola formaleto		
	No time limit for this item.		
	iteiii.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
		T —	
2	Grants or contracts from any entity (if not indicated	⋈ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	□ None	Paid consultant for Orthofix Srl., Bussolengo, Italy
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	Paid consultant for Orthofix Srl., Bussolengo, Italy
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	□ None	Paid consultant for Orthofix Srl., Bussolengo, Italy
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	

🛛 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:	Date: 20. februar 2023				
Your na	Your name: Adam Witten				
Manus	Manuscript title: Morel-Lavallées Læsion				
Manuscript number (if known): UFL-10-22-0592					

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 plar	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.		

Click TAB in last row to add extra rows

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		

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	

🛛 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:	Date : 20. februar 2023				
Your nar	Your name: Markus Normann Gadeberg				
Manusci	Manuscript title: Morel-Lavallées læsion				
Manuscript number (if known): UFL-10-22-0592					

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.		

Click TAB in last row to add extra rows

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		
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	

🛛 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 : 21. februar 2023			
Your name: Per Hølmich			
Manuscript title: Morel-Lavallées læsion			
Manuscript number (if known): UFL-10-22-0592			

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	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.		

Click TAB in last row to add extra rows

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	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or unpaid		
	'		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- 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