# ICMJE DISCLOSURE FORM

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**Date**: 17. februar 2025

**Your name**: Wisam Kino

**Manuscript title**: Rotator cuff ruptur: Diagnostik og behandling

**Manuscript number** (if known): UFL-10-24-0699

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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| 13 | Other financial or non-financial interests | ☒ **None** | |
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**Date**: 17. februar 2025

**Your name**: Anne Kathrine Belling Sørensen

**Manuscript title**: Rotator cuff ruptur: Diagnostik og behandling

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**Date**: 17. februar 2025

**Your name**: Klaus Bak

**Manuscript title**: Rotator cuff ruptur: Diagnostik og behandling

**Manuscript number** (if known): UFL-10-24-0699

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**Date**: 17. februar 2025

**Your name**: Jens Gramkow

**Manuscript title**: Rotator cuff ruptur: Diagnostik og behandling

**Manuscript number** (if known): UFL-10-24-0699

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**Your name**: Per Hölmich

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**Date**: 17. februar 2025

**Your name**: Adam Witten

**Manuscript title**: Rotator cuff ruptur: Diagnostik og behandling

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