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

Date: 30. januar 2023				
Your name: Theresia Skytte Eriksen				
Manuscript title: Konservativt behandlet sår gennem fire måneder viste sig at være højmalignt kutant angiosarkom				
Manuscript number (if known): UFL-12-22-0750Use the "Insert Citation" button to add citations to this				

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	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.		
	itoiii.		

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     Non			

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

 $\boxtimes$  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: 23. februar 2023				
Your name: Lasse Holt-Danborg				
Manuscript title: Konservativt behandlet sår gennem fire måneder viste sig at være højmalignt kutant angiosarkom				
Manuscript number (if known): ULF-12-22-0750				

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	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.		
	itoiii.		

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     Non		

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

 $\boxtimes$  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.

V	our name: Lilan Elsebet E	ngel	
_			
			er viste sig at være højmalignt kutant anglosarkom
M	anuscript number (if know	n): ULF-12-22-0750	
are thir con list The	related to the content of your parties whose interests maintent to transparency a relationship/activity/interests of following questions apply to the second	our manuscript. "Related" hay be affected by the con and does not necessarily in rest, it is preferable that yo	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit itent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so.  ps/activities/interests as they relate to the current
<u>ma</u>	nuscript only.		
per anti	tains to the epidemiology o hypertensive medication, e	f hypertension, you should ven if that medication is r	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.  d in this manuscript without time limit. For all
	er items, the time frame for		
			months.
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		Name all entities with whom you have this relationship or indicate	months.  Specifications/Comments
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
oth		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
oth	ne frame: Since the initial plan	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
Tin	ne frame: Since the initial plan All support for the present manuscript (e.g., funding,	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
Tin	ne frame: Since the initial plan	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
Tin	ne frame: Since the initial plane and support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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
Tin	ne frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	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
Tin	ne frame: Since the initial plane and support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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
Tin	ar items, the time frame for the frame: Since the initial plant All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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
Tin	ar items, the time frame for the frame: Since the initial plant All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	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
Tin 1	ar items, the time frame for the frame: Since the initial plant All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	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)
Tin 1	ar items, the time frame for the frame: Since the initial plant 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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work  None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tin 1	ne frame: Since the initial plane 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.	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)
Tin 1	are items, the time frame for the frame: Since the initial plant 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.  The frame: past 36 months	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work  None	Specifications/Comments (e.g., if payments were made to you or to your institution)

Royalties or licenses

M None

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
- 1		
6	Payment for expert	None
	testimony	
_		
7	Support for attending	☑ None
	meetings and/or travel	
8	Patents planned, issued or	☑ None
	pending	La reone
9	Participation on a Data Safety Monitoring Board	None
	or Advisory Board	
	Of Marisory Board	
10	Leadership or fiduciary	None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
_	411,414	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	A. Control of the Con
	writing, gifts or other	
	services	
13	Other financial or non-	□ None
13	financial interests	Liverine
	minimical intelests	

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> 1. marts 2023					
Your name:	Ida Felbo Pold				
Manuscript title: Konservativt behandlet sår gennem fire måneder viste sig at være højmalignt kutant angiosarkom					
Manuscript number (if known): ULF-12-22-0750					

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.

Specifications/Comments

Name all entities with

		whom you have this relationship or indicate none (add rows as needed)	(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,	Ø-None	
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	(10.7)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months	MILES SEE 1	·····································
2	Grants or contracts from	None     Non	
	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	② 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	
13	Other financial or non- financial interests	☑None

Please place an "X" next to the following statement to indicate your agreement:

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.

Dat	<b>e</b> : 24.2-2023		
You	Ir name: Sofie Vetli Hjort	:h	
Mai	nuscript title: Konservativt bel	handlet sår gennem fire månede	r viste sig at være højmalignt kutant angiosarkom
Mai	nuscript number (if known	): ULF-12-22-0750	
are re third comr	elated to the content of yo parties whose interests m	our manuscript. "Related" ay be affected by the con and 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.
	following questions apply to uscript only.	o the author's relationshi	os/activities/interests as they relate to the <u>current</u>
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		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)
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     Non	
	No time limit for this item.		
		•	Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
	Construence	- N	
2	Grants or contracts from any entity (if not indicated	None	

in item #1 above).

Royalties or licenses

None
 Non

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

 $\boxtimes$  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.

You	<b>r name</b> : Helga Fibiger M	unch-Petersen			
Mar	Manuscript title: Konservativt behandlet sår gennem fire måneder viste sig at være højmalignt kutant angiosarkom				
Mar	nuscript number (if known	): ULF-12-22-0750			
are re third comr	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.				
	0	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
manu	uscript only.				
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.		
In ite	m #1 below, report all sup	port for the work reporte	d in this manuscript without time limit. For all		
	items, the time frame for				
		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 plar	ning of the work			
1	All support for the present manuscript (e.g., funding,	None     Non			
	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		

Time frame: past 36 months

in item #1 above).

Royalties or licenses

Grants or contracts from

any entity (if not indicated

None

None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 Non

Date:

28. februar 2023

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

 $\boxtimes$  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.

Your name: Bodil Elisabeth	Engelmann			
Manuscript title: Konservativt behandlet sår gennem fire måneder viste sig at være højmalignt kutant angiosarkom				
Manuscript number (if known	n): ULF-12-22-0750			
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 t manuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
pertains to the epidemiology of	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
In item #1 below, report all sup other items, the time frame for		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 frame: Since the initial pla	nning of the work			
1 All support for the present manuscript (e.g., funding,	□ None			
provision of study				
materials, medical writing,				
article processing charges, etc.)				
Citc.)				
No time limit for this				
item.		Click TAB in last row to add extra rows		

Time frame: past 36 months

in item #1 above).

Royalties or licenses

Grants or contracts from

any entity (if not indicated

None

None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 None
 Non

Date:

24. februar 2023

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 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

te: 1. marts 2023		
ur name: Anders Krarup	-Hansen	
nuscript title: Konservativt be	ehandlet sår gennem fire måned	er viste sig at være højmalignt kutant angiosarkom
elated to the content of your parties whose interests mail mitment to transparency a relationship/activity/inter	our manuscript. "Related" nay be affected by the con and does not necessarily in est, it is preferable that yo	means any relation with for-profit or not-for-profitent of the manuscript. Disclosure represents andicate a bias. If you are in doubt about whether to bu do so.
	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
ains to the epidemiology on the system of the epidemiology on the system of the system	f hypertension, you should even if that medication is reporte	d declare all relationships with manufacturers of not mentioned in the manuscript.  d in this manuscript without time limit. For all
	Name all entities with	Specifications/Comments
	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
e frame: Since the initial pla		The law sear that specifically all the same
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
frame: past 36 months	alice is suitable	
	None	
in item #1 above).		
Royalties or licenses	K-None	
	inuscript title: Konservativt be inuscript number (if known the interest of transparency the interests of transparency the interests of transparency the interests of transparency the interests of inter	inuscript title: Konservativt behandlet sår gennem fire månede inuscript number (if known): ULF-12-22-0750  de interest of transparency, we ask you to disclose all related to the content of your manuscript. "Related" parties whose interests may be affected by the conmitment to transparency and does not necessarily in relationship/activity/interest, it is preferable that your following questions apply to the author's relationshipuscript only.  Buthor's relationships/activities/interests should be anise to the epidemiology of hypertension, you should have the epidemiology of hypertension, you should have the time frame for disclosure is the past 36 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Since the initial planning 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 item.  Since the initial planning 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 item.

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus,	☑ None
	manuscript writing or	
	educational events	
_	Daymant far aynart	
6	Payment for expert testimony	✓ None
	testimony	
7	Support for attending	☑ None
	meetings and/or travel	
	Datasta planned issued on	
8	Patents planned, issued or pending	☑ None
	pending	
9	Participation on a Data Safety Monitoring Board	☑ None
	or Advisory Board	
10	h d b	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ None
_		
11	Stock or stock options	<b>☑</b> None
12	Receipt of equipment,	☑ None
12	materials, drugs, medical	ET MOUE
	writing, gifts or other	
	services	
=		
13	Other financial or non-	None     Non
	financial interests	

Please place an "X" next to the following statement to indicate your agreement: 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: 28. februar 2023			
Your name: Michael Prangsgaard Møller			
Manuscript title: Konservativt behandlet sår gennem fire måneder viste sig at være højmalignt kutant angiosarkom			
Manuscript number (if known): ULF-12-22-0750			
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	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

Tim	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     Non		

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

 $\boxtimes$  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