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Yo	ur name: Henrik S	chrøder	
Ma	nuscript title:		
Va the	lidation of the indicatio e Danish Knee Arthropla	n "pain without looser asty Register.	ning" for revision of knee arthroplasties in
Ma	nuscript number (if knowr	n):	
are third com list a	related to the content of your diparties whose interests mail mitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the cor nd does not necessarily in est, it is preferable that y	
The man	following questions apply t juscript only.	o the author's relationsh	ips/activities/interests as they relate to the current
pert antii In ite	ains to the epidemiology of hypertensive medication, e	f hypertension, you shoul ven if that medication is a port for the work reporte	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.  ed 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 plan		STREET, STREET
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.	⊠ None	
	hic		Click TAB in last row to add extra rows
Tim	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	

Date:

4. april 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

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Dat	e: 13. april 2021				
You	r name: Kristine Bolleru	o Arndt			
Mai	Manuscript title:				
	Validation of the indication "pain without loosening" for revision of knee arthroplasties in the Danish Knee Arthroplasty Register.				
Mai	nuscript number (if known	):			
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.				
	following questions apply to uscript only.	o the author's relationshi <sub>l</sub>	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.		
	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)		
H .	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     Non			
	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			
3	Royalties or licenses	None     Non			

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None     Non	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Daymont for ovport	⊠ Nana	
0	Payment for expert testimony	⊠ None	
			_
7	Support for attending meetings and/or travel	None     Non	
	meetings and/or traver		
8	Patents planned, issued or	None     Non	
	pending		
9	Participation on a Data	None     Non	
	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		
	· P···		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,		
	materials, drugs, medical		
	writing, gifts or other services		
	301 11003		
13	Other financial or non-	None     Non	
	financial interests		

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You	ır name:	Mikkel Ra	thsach Andersen		
Mai	nuscript title:				
	Validation of the indication "pain without loosening" for revision of knee arthroplasties in the Danish Knee Arthroplasty Register.				
Mai	nuscript number	(if known	):		
are re third comr	elated to the cont parties whose int mitment to transp	tent of yo terests ma parency ai	ur manuscript. "Related" ay be affected by the cont	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 question uscript only.	ns apply to	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
perta	ains to the epidem	niology of	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 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)	
_	e frame: Since the				
1	All support for the manuscript (e.g., f provision of study materials, medica article processing etc.)	funding, , l writing,	⊠ None		
	No time limit for item.	this			
				Click TAB in last row to add extra rows	
Tim	e frame: past 36 m	onths			
2	Grants or contraction any entity (if not in item #1 above).	ndicated	None     Non		
3	Royalties or licens	ses	⊠ None		

Date:

11. april 2023

4	Consulting fees	None     Non	
5	Payment or honoraria for	⊠ None	
5	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	Datants planned issued or	⊠ Nara	
0	Patents planned, issued or pending	None     Non	
	pending		
9	· ·	None     Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None     Non	
	role in other board,	Z None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None     Non	
''	Stock of Stock options	△ None	
12	Receipt of equipment,	None     Non	
	materials, drugs, medical		
	writing, gifts or other services		
	services		
13	Other financial or non-	None     Non	
	financial interests		
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Date: April 3, 2023

Your Name: Anders Troelsen

Manuscript Title: Validation of the indication "pain without loosening" for revision of knee arthroplasties in the Danish

Knee Arthroplasty Register.

Manuscript number (if known):

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</u> only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning 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 item.	_X_None	
		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_ Zimmer Biomet  Pfizer Denmark	Research support, travel/accommodations/ meeting expenses unrelated to activities listed Research support
3	Royalties or licenses	_X_None	
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4	Consulting fees	_X_Zimmer Biomet	Consultancy
		Pfizer Denmark	Consultancy
5	Payment or honoraria for lectures, presentations, speakers bureaus,	_X_Zimmer Biomet	Payment for lectures including service on speakers bureaus
	manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_ Danish Knee Arthroplasty register	
10	Leadership or fiduciary role	_X_Zimmer Biomet	Advisory board member
	in other board, society,	Pfizer Denmark	Advisory board member
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	_X_None	
12	materials, drugs, medical	_ <u>^</u> _NULE	
	writing, gifts or other services		
13	Other financial or non-	_X_None	
	financial interests		

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You	r name: Martin Lindberg	-Larsen	
Mai	nuscript title:		
	idation of the indicatior Danish Knee Arthropla	•	ing" for revision of knee arthroplasties in
Mai	nuscript number (if known	):	
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	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	nins to the epidemiology of hypertensive medication, ev	hypertension, you should hypertension, you should wen if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #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		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None     Non	
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11111	e trame. past 50 months		
2	Grants or contracts from	None     Non	
	any entity (if not indicated in item #1 above).		
2	,		
3	Royalties or licenses	None     Non	

Date: 7. april 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 None		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		
10	Leadaudha ar Charlana		
10	Leadership or fiduciary role in other board,	☐ <b>None</b> Danish Knee	Chairman of the steering comitee
	society, committee or advocacy group, paid or unpaid	Arthroplasty Register	Chairman of the steering confice
11			
11	Stock or stock options	None     Non	
12	Receipt of equipment,	None     Non	
12	materials, drugs, medical writing, gifts or other	RA IMOLIC	
	services		
13	Other financial or non-	None     Non	
	financial interests		

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You	<b>ır nam</b> e: เ	Lasse Enkebølle	Rasmussen	
Ma	nuscript title	:		
	idation of the DKR.	he indicatior	n "pain without loosen	ing" for revision of knee arthroplasties in
Ma	nuscript num	nber (if known	):	
are r third com	elated to the parties whos mitment to tr	content of yo se interests ma ansparency ar	ur manuscript. "Related" ay be affected by the cont	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.
	following que uscript only.	estions apply to	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ains to the ep	idemiology of	hypertension, you should	defined broadly. For example, if your manuscript I declare all relationships with manufacturers of ot mentioned in the manuscript.
			port for the work reported disclosure is the past 36 r	d in this manuscript without time limit. For all nonths.
			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			ning of the work	
1	manuscript (oprovision of s	study	⊠ None	
		edical writing, ssing charges,		
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	article procesets.)  No time limit	ssing charges,		Click TAB in last row to add extra rows
Tim	article procesets.)  No time limit	ssing charges,		Click TAB in last row to add extra rows
Tim 2	article procesetc.)  No time limitem.  e frame: past	t for this  36 months  ntracts from Inot indicated	None	Click TAB in last row to add extra rows
	article procese etc.)  No time limititem.  e frame: past	ssing charges,  t for this  36 months  ntracts from f not indicated pove).	None     None     None	Click TAB in last row to add extra rows

Date:

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

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