Dat	e : 1. marts 2024		
You	r name : Jan Erik Henriks	sen	
Mai stud	-	vulnerabilities in people und	ergoing lower extremity amputation: A descriptive
Maı	nuscript number (if known):	
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		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
		<u>I</u>	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	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	4	Consulting fees	⊠ None	
lectures, presentations, speakers bureaus, manuscript writing or educational events				
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speakers bureaus, manuscript writing or educational events Payment for expert testimony	5	•	⊠ None	
manuscript writing or educational events Payment for expert testimony		• •		
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or		manuscript writing or		
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8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board Or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	/		⋈ None	
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Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or Database National quality organization (RKKP) – no payments				
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or None	8		□ None □	
Safety Monitoring Board or Advisory Board Board member Danish Diabetes Database National quality organization (RKKP) – no payments National quality organization (RKKP) – no payments		pending		
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role in other board, society, committee or advocacy group, paid or			Danish Diabetes	National quality organization (RKKP) – no payments
role in other board, society, committee or advocacy group, paid or				
role in other board, society, committee or advocacy group, paid or	10	Leadership or fiduciary	⊠ None	
advocacy group, paid or		role in other board, society, committee or advocacy group, paid or	Z None	
unpaid		unpaid		
11 Stock or stock options None	11	Stock or stock options	⊠ None	
12 Receipt of equipment, None	12		⊠ None	
materials, drugs, medical				
writing, gifts or other services		writing, gifts or other		
Services		sei vices		
13 Other financial or non- None	13		⊠ None	
financial interests		financial interests		

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Date	9: 23. april 2024		
You	r name: Lise Tarnow		
Mar		and vulnerabilities in pn: A descriptive study	people undergoing lower extremity
Mar	nuscript number (if known):	
are re third comn	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd 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.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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.
	m #1 below, report all sup 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	e frame: Since the initial plar	•	
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
		<u> </u>	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	☐ None	
	any entity (if not indicated in item #1 above).	Employed by Steno Diabetes Center Sjaelland	Until August 31 2023
3	Royalties or licenses	☑ None	

4	Consulting fees	None Non
5	Payment or honoraria for	None Non
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Daymont for ovport	⊠ Nana
0	Payment for expert testimony	⊠ None
	, y	
7	Command for add and line.	
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	None Non
	or Advisory Board	
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10	10 Leadership or fiduciary role in other board,	None Non
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
11	Chook or stook onting	M
11	Stock or stock options	
40		
12	Receipt of equipment, materials, drugs, medical	None Non
	writing, gifts or other	
	services	
12	Other financial or non-	N N
13	Other financial or non- financial interests	
	inianciai interests	

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PI W	ease save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish edical Journal.	

Dat	e : 17. april 2024		
You	r name: Lau Caspa	r Thygesen	
Mai stud		vulnerabilities in people und	ergoing lower extremity amputation: A descriptive
Mai	nuscript number (if known):	
are rothird comrist a The finant The aperta antih	elated to the content of yo parties whose interests m mitment to transparency at relationship/activity/interestions apply to uscript only. Buthor's relationships/activities to the epidemiology of the epide	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship rities/interests should be go hypertension, you should yen if that medication is not port for the work reporter	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	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
Time	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	
	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	

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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Date	e: 1. marts 2024		
You	r name: Martin Gillies Ba	nke Rasmussen	
Mar stud		vulnerabilities in people und	ergoing lower extremity amputation: A descriptive
Mar	nuscript number (if known):	
are rethird comrist a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest ollowing questions apply to ascript only. Buthor's relationships/activitys to the epidemiology of ypertensive medication, expenses to the content of your particular	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should yen if that medication is not port for the work reporter	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	· · · · · · · · · · · · · · · · · · ·	
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.		
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Time	e frame: past 36 months		CHER TAB III last fow to dud extra fows
111110	e frame. past 30 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
5	Royalties of ficerises	M MOHE	

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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Date	e : 17. april 2024		
You	r name: Sara Fokdal Leh	ın	
Mar stud		vulnerabilities in people und	ergoing lower extremity amputation: A descriptive
Mar	nuscript number (if known):	
are rethird comrist a The finant The aperta antih	elated to the content of yo parties whose interests maitment to transparency at relationship/activity/interestions apply to uscript only. Buthor's relationships/activitys to the epidemiology of ypertensive medication, even	ur manuscript. "Related" ay be affected by the content 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 reporter	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 plar	· · · · · · · · · · · · · · · · · · ·	
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.		
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Time	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	M None	
5	Moyalties of ficelises	⊠ 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

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