Dat	e: 10. april 2025				
You	r name: Jan Duedal Rölf	ing			
Mai	Manuscript title: Adaptation and validation of a Danish version of the Physicians' Reactions to Uncertainty scales				
Mai	nuscript number (if known):			
are re third comr list a The f	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 control 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Discrivities/interests as they relate to the current		
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4	Consulting fees	□ None	
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5	Payment or honoraria for	□ None	
)	lectures, presentations,	□ None	Outh Str. Cal. Busselson - Halisa
	speakers bureaus,		Orthofix Srl, Bussolengo, Italien
	manuscript writing or		
	educational events		
6	Payment for expert	☑ None	
	testimony		
7	Support for attending	⊠ None	
,	meetings and/or travel	Z None	
8	Patents planned, issued or	☑ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	☐ None	
	role in other board,		Danish Orthopaedic Society
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	advocacy group, paid or unpaid		
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11	Stock or stock options	⊠ None	
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12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
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13	Other financial or non-	☑ None	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 23. april 2025				
You	ır name: Rune Dall Jense	en			
Ma	Manuscript title: Adaptation and validation of a Danish version of the Physicians' Reactions to Uncertainty scales				
Ma	nuscript number (if known):			
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Tim	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 Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution)		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
	eddedional events		
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	Z None	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
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12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other		
	services		
12	Other financial	NZ	
13	Other financial or non- financial interests	⊠ None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 9. april 2025		
You	ı r name : Maria Louise Ga	amborg	
Ma	nuscript title: Adaptation an	d validation of a Danish vers	ion of the Physicians' Reactions to Uncertainty scales
Ma	nuscript number (if known):	
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4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
	eddedional events		
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	Z None	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
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12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other		
	services		
12	Other financial	NZ	
13	Other financial or non- financial interests	⊠ None	

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Date : 9. april 2025			
Your name: Cirkeline Hytte Pedersen			
Manuscript title: Adaptation and validation of a Danish version of the Physicians' Reactions to Uncertainty scales			
Manuscript number (if known):			

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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	
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2	Grants or contracts from	☑ None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	licenses 🛮 None		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
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