Dat	e: 24. april 2025			
Your name: Camilla Møller Larsen				
Mai	Manuscript title: Video-assisted thoracoscopic plication in symptomatic adults with paralytic hemidiaphragm			
Mai	nuscript number (if known)	):		
are re third comr	elated to the content of you 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 ent 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 antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  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 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.			
			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     Non
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert	None a
0	testimony	None
7	Support for attending	None     Non
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or advocacy group, paid or unpaid	
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     Non

🛛 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

	ur name: Finn Amundsen	Dittberner	
Ma	nuscript title: Video-	assisted thoracoscopic plica	tion in symptomatic adults with paralytic
Ma	nuscript number (if known	);	
are r third com list a The man The pert antil	related to the content of your parties whose interests maintenant to transparency as relationship/activity/interfollowing questions apply transcript only.  author's relationships/activity author's relationships activity and the epidemiology of the hypertensive medication, experienced as a second content of the epidemiology of the hypertensive medication, experienced as a second content of the epidemiology of the epidemiolo	our manuscript. "Related" ay be affected by the connut does not necessarily in est, it is preferable that you to the author's relationship vities/interests should be f hypertension, you should wen if that medication is not the author's relation is not the author's relationship vities/interests should be for the author's relation is not the author is no	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.  Ips/activities/interests as they relate to the current defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	er items, the time frame for		
	The second secon		
Tim	ne frame: Since the initial plan	nning of the work	
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.	None  None	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	⊠ None	Click TAB in last row to add extra rows
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	⊠ None	Click TAB in last row to add extra rows
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	Click TAB in last row to add extra rows

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

🛛 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> : 9. maj 2025		
You	r name: Michael Stenger	-	
Mai	nuscript title: Video-a	assisted thoracoscopic plicat	ion in symptomatic adults with paralytic
Mar	nuscript number (if known	):	
	, , , , , , , , , , , , , , , , , , ,	,	
are re third comr	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 ent 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 relationship	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)
Time	e frame: Since the initial plar	•	
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.		
			Click TAB in last row to add extra rows
Τ.			Click TAD III last Tow to add extra Tows
Time	e frame: past 36 months		
2	Grants or contracts from	None     Non	
	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 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 None
13	Other financial or non- financial interests	None

🛛 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

12.0	)5.2025		
Date	e: Peter B Licht		
Mar	nuscript title: Video-a	assisted thoracoscopic plicat	ion in symptomatic adults with paralytic
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.
	following 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 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)
Time	e frame: Since the initial plar		是100mm以外的100mm。
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	
	TCTIII		Click TAB in last row to add extra rows
Time	e frame: past 36 months	TO SEE MAN TO SEE AND SECOND	Cite in a series to dad extra rows
11111	e frame. past 50 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	<b>⊠</b> None	

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
6	6 Payment for expert	⊠ None
ľ	testimony	Z None
	costillority	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
0	pending	None .
	perioning	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or advocacy group, paid or	
	unpaid	
11 Stock or stock options		⊠ None
**	Stock of Stock options	NOTICE .
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	⊠ None
	services	
13	Other financial or non- financial interests	⊠ None

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