ICMJE DISCLOSURE FORM

Date: 6/16/2025

Your Name: Nawfal Khalid Rasheed Al-Attar

Manuscript Title: Incidence of reccurrence and risk factors following partial matrixectomy of ingrown nails

Manuscript Number (if known): UFL-06-25-0471

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 author's relationships/activities/interests should be defined broadly. 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.

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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 frame: Since the initial 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.**	☒ **None**	
			Click the tab key to add additional rows.
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**	

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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**	

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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: 6/16/2025

Your Name: Mykola Horodyskyy

Manuscript Title: Incidence of reccurrence and risk factors following partial matrixectomy of ingrown nails

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Date: 6/16/2025

Your Name: Jacob Fyhring Mortensen

Manuscript Title: Incidence of reccurrence and risk factors following partial matrixectomy of ingrown nails

Manuscript Number (if known): UFL-06-25-0471

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ICMJE DISCLOSURE FORM

Date: 10/13/2025

Your Name: Søren Overgaard

Manuscript Title: Incidence of reccurrence and risk factors following partial matrixectomy of ingrown nails

Manuscript Number (if known): Click or tap here to enter text.

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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		Novo Nordic Foundation	Funding of Research
		Independent Research Fund Denmark	Funding of Research

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Heraeus	Payment to institution: lectures and course moderator
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,	☐ **None**	
		Member of ExCom and NOF Board	No payment

		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)
	society, committee or advocacy group, paid or unpaid	Head of Steering group Danish Hip Arthroplasty Register	Payment to institution
		Editor In Chief Acta Orthopaedica	Personal payment
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Date: 6/16/2025

Your Name: Kenneth Chukwuemeka Obionu

Manuscript Title: Incidence of reccurrence and risk factors following partial matrixectomy of ingrown nails

Manuscript Number (if known): UFL-06-25-0471

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