Dat	e : 11. august 2023		
You	I r name : Jeppe Lange		
Mai	nuscript title: Open s	surgical repair of hip abducto	r tendon tears
	nuscript number (if known		
are re third comr list a	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported disclosure is the past 36 r	
		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.) No time limit for this	⊠ None	
	item.		
			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		

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

Da	ite: KIIK elle &	12 at angi	ve en dato,									
Yo	ur name:	BENT L										
Ma	anuscript title:	OPEN	SURGICAL	REPAIR	OF	MIP	ABOU	ICTOR	TEAL	95		
Ma	anuscript numb											
are third com list a	he interest of tr related to the c d parties whose mitment to tra a relationship/a following quest	ontent of your interests management of the content	our manuscri nay be affecte and does not rest, it is pref	pt. "Relate ed by the c necessarily erable that	ed" m conte y indi t you	eans a nt of th cate a do so.	ny relat e manu pias. If	ion wit iscript. you are	h for- Disclo e in do	profit osure oubt a	or not-f represe bout wh	for-profit nts a nether to
mar	nuscript only.											
pert antil In it	author's relationalist to the epicon hypertensive makes and the epicon em #1 below, reprise titems, the times.	demiology o edication, e eport all sup	f hypertension even if that mapped the toport for t	n, you sho edication i work repo	ould d is not rted i	eclare mention n this r	all relat	ionship the ma	os witi anuscr	h mar ript.	nufactur	ers of
			T			-4						
			Name all en whom you i relationship none (add re	nave this or indicate	(The second second			to you	ı or to yo	our
Tim	ne frame: Since t	he initial pla	whom you he relationship none (add reneeded)	nave this or indicate ows as	e i	e.g., if p nstitution	ayment			to you	u or to yo	our
Tim	ne frame: Since t		whom you i relationship none (add re needed) nning of the w	nave this or indicate ows as	e i	e.g., if p nstitution	ayment			to you	ı or to yo	our
-	All support for manuscript (e.	the present g., funding,	whom you he relationship none (add reneeded)	nave this or indicate ows as	e i	e.g., if p nstitution	ayment			to you	u or to yo	our
-	All support for manuscript (e., provision of stu	the present g., funding, udy	whom you i relationship none (add re needed) nning of the w	nave this or indicate ows as	e i	e.g., if p nstitution	ayment			to you	u or to yo	bur
-	All support for manuscript (e., provision of stu materials, med	the present g., funding, udy ical writing,	whom you i relationship none (add re needed) nning of the w	nave this or indicate ows as	e i	e.g., if p nstitution	ayment			to you	u or to yo	DUP
-	All support for manuscript (e., provision of stu materials, med article processi	the present g., funding, udy ical writing,	whom you i relationship none (add re needed) nning of the w	nave this or indicate ows as	e i	e.g., if p nstitution	ayment			to you	u or to yo	DUI'
-	All support for manuscript (e., provision of stu materials, med	the present g., funding, udy ical writing,	whom you i relationship none (add re needed) nning of the w	nave this or indicate ows as	e i	e.g., if p nstitution	ayment			to you	u or to yo	our
-	All support for manuscript (e., provision of stu materials, med article processi	the present g., funding, udy lical writing, ing charges,	whom you i relationship none (add re needed) nning of the w	nave this or indicate ows as	e i	e.g., if p nstitution	ayment			to you	u or to yo	DUP
-	All support for manuscript (e., provision of ste materials, med article processi etc.)	the present g., funding, udy lical writing, ing charges,	whom you i relationship none (add re needed) nning of the w	nave this or indicate ows as	e ii	e.g., if p nstitution	aymenton)	s were	made			
1	All support for manuscript (e. provision of str materials, med article processi etc.) No time limit for item.	the present g., funding, udy ical writing, ing charges, or this	whom you is relationship none (add reneeded) noting of the way. None	nave this or indicate ows as ork		e.g., if p	aymenton)	Click TA	made	st row	to add e	xtra rows
1	All support for manuscript (e., provision of ste materials, med article processi etc.)	the present g., funding, udy ical writing, ing charges, or this	whom you is relationship none (add reneeded) noting of the way. None	nave this or indicate ows as ork		e.g., if p	aymenton)	Click TA	made	st row	to add e	xtra rows
1	All support for manuscript (e., provision of stumaterials, med article processietc.) No time limit for item.	the present g., funding, udy lical writing, ing charges, or this	whom you is relationship none (add reneeded) noting of the way. None	nave this or indicate ows as ork		e.g., if p	aymenton)	Click TA	made	st row	to add e	xtra rows
1	All support for manuscript (e. provision of str materials, med article processi etc.) No time limit for item.	the present g., funding, udy lical writing, ing charges, or this months acts from ot indicated	whom you is relationship none (add reneeded) noting of the way. None	nave this or indicate ows as		e.g., if p	aymenton)	Click TA	B in la	st row	to add e	xtra rows
Tim	All support for manuscript (e., provision of stematerials, med article processing etc.) No time limit for item. e frame: past 36 Grants or contrany entity (if no in item #1 above)	the present g., funding, udy lical writing, ing charges, or this months acts from ot indicated e).	whom you is relationship none (add reneeded) nning of the way None None	nave this or indicate ows as		e.g., if p	aymenton)	Click TA	B in la	st row	to add e	xtra rows
1	All support for manuscript (e., provision of stematerials, medianticle processietc.) No time limit filtem. e frame: past 36 Grants or contrany entity (if no	the present g., funding, udy lical writing, ing charges, or this months acts from ot indicated e).	whom you is relationship none (add reneeded) nning of the way. None	nave this or indicate ows as		e.g., if p	aymenton)	Click TA	B in la	st row	to add e	xtra rows

4	Consulting fees	□ None				
		CADAVER LAB	SMITH + NEPHEW			
		CHOINCE WIIS	- CHITTI NOTICE			
	T					
5	Payment or honoraria for	None None				
	lectures, presentations, speakers bureaus, manuscript writing or					
	educational events					
-	I B					
6	Payment for expert	Ø None				
	testimony					
7	Support for attending	☑ None				
•	meetings and/or travel	IXI None				
	meetings and/or traver					
8	Patents planned, issued or	D None				
	pending	LE ROILE	T			
		L				
9	Participation on a Data	☑ None				
	Safety Monitoring Board		R			
	or Advisory Board			3		
40	1					
10	Leadership or fiduciary role in other board,	None				
	society, committee or		The second secon			
	advocacy group, paid or unpaid					
	unpaid	L	<u> </u>			
11	Stock or stock options	☑ None				
	Stock of Stock options	ya reone	T			
						
		VATER OF THE PARTY OF THE				
12	Receipt of equipment,	☑ None				
	materials, drugs, medical	-				
	writing, gifts or other					
	services					
				The state of the s		
13	Other financial or non-	☑ None				
	financial interests					

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.

Date	e: 11. august 2023		
You	r name: Kasper Spooren	donk	
Mai	nuscript title: Open s	urgical repair of hip abducto	r tendon tears
Mai	nuscript number (if known):	
are re third comr list a	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 cont nd 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 cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
	uscript only.	,	
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript I 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)
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.) No time limit for this item.	⊠ None	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	⊠ None	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠ None	
	, penamb		
_		_	
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		
<u> </u>	<u> </u>		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

oxtimes 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

Dot			
Date	<u> </u>	rie Bagger Bohn	
	•	Open surgical repair of hip abduct	or tendon tears
Mar	nuscript number (if k	nown):	
are re third comn list a The fo manu	elated to the content parties whose intere nitment to transpare relationship/activity/ ollowing questions ap uscript only.	of your manuscript. "Related" sts may be affected by the corncy and does not necessarily in interest, it is preferable that yoply to the author's relationships.	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology ypertensive medicati m #1 below, report a	ogy of hypertension, you shoul on, even if that medication is r	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)
Time	e frame: Since the initia	al planning of the work	
1	All support for the pre- manuscript (e.g., fund provision of study materials, medical wri- article processing char- etc.)	ling,	
	No time limit for this item.		
		<u> </u>	Click TAB in last row to add extra rows
Time	e frame: past 36 month	ns	
	·		
2	Grants or contracts from any entity (if not indiction in item #1 above).		
3	Royalties or licenses		
	ju	Z HOHO	

4	Consulting fees	⊠ None		
5	Payment or honoraria for	None Non		
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
,	D 16			
6	Payment for expert testimony	None Non		
	testimony			
7	Support for attending	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			
	or Advisory Board			
10	Leadership or fiduciary	None Non		
	role in other board, society, committee or			
	advocacy group, paid or			
	unpaid			
11	Charles and all			
11	Stock or stock options	None Non		
10				
12	Receipt of equipment, materials, drugs, medical	None Non		
	writing, gifts or other			
	services			
13	Other financial or non	57 N		
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