

# ICMJE DISCLOSURE FORM

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Date: 11. august 2023

Your name: Jeppe Lange

Manuscript title: Open surgical repair of hip abductor tendon tears

Manuscript 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)
<b>Time frame: Since the initial planning of the work</b>			
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**Date:** 22/8/23 Klik på tryk for at angive en dato.

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**Your name:** BENT LUND

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**Manuscript title:** OPEN SURGICAL REPAIR OF HIP ABDUCTOR TEARS

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**Manuscript number (if known):**

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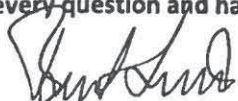
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Date: 11. august 2023

Your name: Kasper Spoorendonk

Manuscript title: Open surgical repair of hip abductor tendon tears

Manuscript number (if known):

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Date: 22. august 2023

Your name: Marie Bagger Bohn

Manuscript title: Open surgical repair of hip abductor tendon tears

Manuscript number (if known):

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