

ICMJE DISCLOSURE FORM

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Date: 7. oktober 2024

Your name: Siv Fonnes

Manuscript title: Forståelse af risiko for bias på tværs af studiedesign

Manuscript number (if known): UFL-08-24-0500

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.

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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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 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 frame: Since the initial planning of the work			
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Time frame: past 36 months			
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Managing Editor, Cochrane Colorectal Group	Cochrane has developed RoB1 and Rob 2, which are mentioned in the article. The author was not involved in this.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 7. oktober 2024

Your name: Jacob Rosenberg

Manuscript title: Forståelse af risiko for bias på tværs af studiedesign

Manuscript number (if known): UFL-08-24-0500

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	Co-ordinating Editor, Cochrane Colorectal Group Cochrane has developed RoB1 and Rob 2, which are mentioned in the article. The author was not involved in this.

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