

ICMJE DISCLOSURE FORM

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Date: 15. august 2025

Your name: Anders Kehlet Nørskov

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

Manuscript number (if known):

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

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. | <input checked="" type="checkbox"/> None | |
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Time frame: past 36 months

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Date: 15. august 2025

Your name: Anne-Sofie Linde Jellestad

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

Manuscript number (if known):

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Date: 15. august 2025

Your name: Bjarke Viberg

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

Manuscript number (if known):

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Date: 15. august 2025

Your name: Cecilie Dupont Harwood

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

Manuscript number (if known):

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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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Date: 15. august 2025

Your name: Jonas Askø Andersen

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
| | | Vissing Fonden | For the DFU-DK project |
| | | North Zealand Hospital | For Pre Grad-Study "The association between serum albumin and amputation and mortality in patients with diabetes" |
| | | HALRIC | For "Feasibility of Nanoimaging of Biofilm in the Chronic Diabetic Foot Ulcer" |
| | | North Zealand Hospital | For the DFU-DK project |

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Invited speaker at Juzo lymphodema symposium 2025 | Paid to me |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | Board member of The Danish Wound Healing Society | Unpaid |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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Date: 15. august 2025

Your name: Kai Henrik Wiborg Lange

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

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Date: 15. august 2025

Your name: Lars Hyldborg Lundstrøm

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

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Date: 15. august 2025

Your name: Mathias Therkel Steensbæk

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

Manuscript number (if known):

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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Date: 15. august 2025

Your name: Per Hviid Gundtoft

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

Manuscript number (if known):

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Date: 15. august 2025

Your name: Sanja Pisljagic

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

Manuscript number (if known):

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Your name: Claus Varum

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| | Stryker | Received travel expenses with no relevance for the present study. Paid to institution. | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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Date: 15. august 2025

Your name: Rasmus Linnebjerg Knudsen

Manuscript title: Clinical Practice for Closed Reduction of Distal Radius Fractures in Danish Emergency Departments - a Danish national survey

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