

# ICMJE DISCLOSURE FORM

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Date: 17. september 2023

Your name: Klaus Kirketerp-Møller

Manuscript title: Akut foot attack hos patient med diabetes kræver akut handling

Manuscript number (if known): UFL-08-23-0523

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)
<b>Time frame: Since the initial planning of the work</b>			
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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Danish Innovation Fund, Eurostars	To my institution
		Danish Innovation Fund, Grand Solutions	To my institution
		Innovation Fund, Eurostars	To my institution
		Horizon	To my institution

		Innovation Fund, Innoexplorer	To a collaborator (DTU)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		SoftOx A/S	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Coloplast	Preparation of educational material. Payment to me
6	Payment for expert testimony	<input type="checkbox"/> None	
		Mölnlycke AB	Payment to me
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 type="checkbox"/> None	
		SoftOx A/S	Payment to me
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 type="checkbox"/> None	
		SoftOx A/S	Minor shareholder
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 checked="" type="checkbox"/> None	

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Date: 15. september 2023

Your name: Johnny Baumann Olsen

Manuscript title: akut foot attack hos patient med diabetes kræver akut handling

Manuscript number (if known): UFL-08-23-0523

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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**Date:** 15. september 2023

**Your name:** Henrik Palm

**Manuscript title:** akut foot attack hos patient med diabetes kræver akut handling

**Manuscript number (if known):** UFL-08-23-0523

Henrik Palm  
 Cheflege, Dr. Med.  
 Ortopædiskirurgisk Afd. M  
 Bispebjerg og Frederiksberg Hospital

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Date: 15. september 2023

Your name: Ole Lander Svendsen

Manuscript title: akut foot attack hos patient med diabetes kræver akut handling

Manuscript number (if known): UFL-08-23-0523

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