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Date:

Your name: Henning Bliddal

Manuscript title: Vægttab ved hofte- og knæartrose

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)
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

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		NOVO Nordisk Foundation	Institutional grant for the INKA study
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	

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Date: 10 Sep 2025

Your name: Jonathan Jetsmark Bjerre-Bastos

Manuscript title: Vægttab ved hofte- og knæartrose

Manuscript number (if known):

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Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: Klik eller tryk for at angive en dato.

Your name: Saber Muthanna Aljuboori

Manuscript title: Vægttab ved hofte- og knæartrose

Manuscript number (if known):

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		Karen Elise Jensen Fond	PhD stipendium
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Date: 9/12/2025

Your Name: Søren Overgaard

Manuscript Title: Statusartikel: Vægttab ved hofte- og knæartrose

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Novo Nordic Foundation</td> <td style="width: 50%;">Funding of Research</td> </tr> <tr> <td>Independent Research Fund Denmark</td> <td>Funding of Research</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="width: 50%;"> </td> </tr> </table>	Novo Nordic Foundation	Funding of Research	Independent Research Fund Denmark	Funding of Research		
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Heraeus	Payment to institution: lectures and course moderator
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,	<input type="checkbox"/> None	
		Member of ExCom and NOF Board	No payment

		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)
	society, committee or advocacy group, paid or unpaid	Head of Steering group Danish Hip Arthroplasty Register Editor In Chief Acta Orthopaedica	Payment to institution Personal payment
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Date: 6. september 2025

Your name: Martin Riis Ladefoged

Manuscript title: **Vægttab ved hofte- og knæartrose**

Manuscript number (if known):

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