ICMJE DISCLOSURE FORM

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

Date: 15. oktober 2022		
Your name: Jeppe Hjembæk-Brandt		
Manuscript title: Traumatiske skader på næsens brusk		
Manuscript number (if known): UFL-05-22-0335		

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
Tim	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.)	⊠ None	
	No time limit for this item.		

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months		
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non-financial interests	None

Please place an "X" next to the following statement to indicate your agreement:

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

ICMJE DISCLOSURE FORM

Date	e: 14. oktober 2022		
You	Ir name: Marianne Kroma	ann Nielsen	
Mai	nuscript title: Traur	matiske skader på næs	ens brusk
Mar	nuscript number (if known)):	
are re third comr list a	elated to the content of you parties whose interests ma mitment to transparency ar relationship/activity/inter	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in rest, it is preferable that yo	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a adicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
	uscript only.		
perta antih In ite	ains to the epidemiology of hypertensive medication, ev	f hypertension, you should ven if that medication is n port for the work reported disclosure is the past 36 n	
		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	e frame: Since the initial plani	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	

4	Consulting fees	None Non	
5	5 Payment or honoraria for lectures, presentations,	None Non	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
		T	
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	10 Leadardin au Cidadiana San San San San San San San San San		
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
4 :			
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
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Date	e: 13. oktober 2022		
You	r name: Preben Homøe		
Mar	Manuscript title: Traumatiske skader på næsens brusk		
Mar	nuscript number (if known)): unknown	
are re third comr	elated to the content of you parties whose interests ma	ur manuscript. "Related" ay be affected by the conf nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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	m #1 below, report all suppritems, the time frame for		d in this manuscript without time limit. For all months.
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