

ICMJE DISCLOSURE FORM

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Date: 9/9-2024 Klik eller tryk for at angive en dato.

Your name: Simone Dalskov

Manuscript title: Akut paraspinal kompartmentsyndrom efter CrossFit

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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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.	X None	

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X 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: 15/8/24

Your name: Esben Lægsgaard

Manuscript title: Akut paraspinal kompartmentsyndrom efter CrossFit

Manuscript number (if known):

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Date: 12. august 2024

Your name: Morten Aagaard Nielsen, MD, PhD

Manuscript title: Akut paraspinal kompartmentsyndrom efter CrossFit

Manuscript number (if known):

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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
		Danmarks Frie Forskningsfond (DFF), Hørselv Fonden, A.P Møller Fonden
3	Royalties or licenses	<input checked="" type="checkbox"/> None

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	Support for travelling Expenses, Hotel, Congress fee for EULAR 2023. EULAR / European Alliance Of Associations for Rheumatology.
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 type="checkbox"/> None	Board member Yngre Reumatologer (YR), Subcommittee member of EMEUNET – The Emerging EULAR Network Both unpaid, non profit organizations.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Date: *12/8-2024*
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Your name: *Bjørn Christensen*

Manuscript title: **Akut paraspinal kompartmentsyndrom efter CrossFit**

Manuscript number (if known):

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Date: 11. August 2024

Your name: Kristian Høy, MD, PhD

Manuscript: Akut paraspinal kompartmentsyndrom efter CrossFit

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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 type="checkbox"/>	Honoraria for lectures ERFA Course den 02.11.2022, Medtronic
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel		Support for travelling Expenses, Hotel, Airplane for NASS 37 th annual meeting Chicago October 2022. In order to present at "International Best paper award session"
			TIMIK ApS Sivlandsvænget 27B st.th 5260 Odense S. +45 82306700 www.timik.dk
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	Faculty member, 38 th CSRS European section, annual meeting May 2023	Faculty member Cervical Spine Research Society CSRS annual meeting, Stockholm may 2023.
			Unpaid, non profit organization.
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	

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Date: 15. august 2024

Your name: Kresten Wendell Rickers

Manuscript title: Akut paraspinal kompartmentsyndrom efter CrossFit

Manuscript number (if known):

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