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

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

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Υοι	ur name: Simone Dalsko	v			
Ma	Manuscript title: Akut paraspinal kompartmentsyndrom efter CrossFit				
Ma	Manuscript number (if known):				
are r third com	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.				
	following questions apply t uscript only.	o the author's relationship:	os/activities/interests as they relate to the current		
perta antih In ite	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 ntihypertensive 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	e frame: Since the initial plan				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None			
	No time limit for this item.				
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2	Grants or contracts from any entity (if not indicated in item #1 above).	X None			
3	Royalties or licenses	X None			
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4 Consulting fees		X None	
5	Payment or honoraria for	X None	
-	lectures, presentations,	A None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
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6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel	^ None	
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8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	X None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
**	materials, drugs, medical	A NOTE	
	writing, gifts or other		
	services		
13	Other financial or	X None	
	non-financial interests		

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

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Dat	e: 15/8/24		
You	ır name: Esben L	_ægsgaard	
Ma	nuscript title:	Akut paraspinal k	compartmentsyndrom efter CrossFit
Ma	nuscript number (if known	n):	
are thir	related to the content of y d parties whose interests r	our manuscript. "Related may be affected by the co and does not necessarily i	Il relationships/activities/interests listed below that "means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to you do so.
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	em #1 below, report all su er items, the time frame fo		ed in this manuscript without time limit. For all 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	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
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3	Royalties or licenses	<b>⊠</b> None	
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4	Consulting fees	⊠ None
		,
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ 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
13	Other financial or non- financial interests	⊠ None

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		none (add rows as needed)	institution)
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mar prov mat	support for the present anuscript (e.g., funding, ovision of study aterials, medical writing, icle processing charges, c.)	⊠ None	
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2 Grai	ants or contracts from	☐ None	
	entity (if not indicated		Danmarks Frie Forskningsfond (DFF),
In it	tem #1 above).		Hørselv Fonden, A.P Møller Fonden
3 Roy	yalties or licenses	⊠ None	

4	Consulting fees	<b>☑</b> None	V.
		di .	
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5	lectures, presentations,	<b>⊠</b> None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	<b>⊠</b> None	
	testimony		
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7	Support for attending	□ None	
	meetings and/or travel		Support for travelling Expenses, Hotel, Congress fee for EULAR 2023.
			EULAR / European Alliance Of Associations for Rheumatology.
8	Patents planned, issued or	⊠ None	yi g
	pending	Z None	
9	Participation on a Data	<b>⊠</b> None	
	Safety Monitoring Board	None	
	or Advisory Board		
40	11		
10	Leadership or fiduciary role in other board,	□ None	
	society, committee or		Board member Yngre Reumatologer (YR), Subcommittee member of EMEUNET – The Emerging
	advocacy group, paid or unpaid		EULAR Network
			Both unpaid, non profit organizations.
11	Stock or stock options	☑ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<b>☑</b> None	
	financial interests		

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Date	e: Klik eller try for at angive	Servicato.	
You	rname: Biorn	Christens	en
Mar	nuscript title:	Akut paraspinal kom	partmentsyndrom efter CrossFit
Mar	nuscript 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)
1	e frame: Since the initial plan  All support for the present	None	
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Time	e frame: past 36 months		
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	Ø-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
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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

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	following que uscript only.	estions apply t	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
pert	ains to the ep	oidemiology of	f hypertension, you shoul	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
			port for the work reported disclosure is the past 36	ed in this manuscript without time limit. For all months.
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Date: 11. August 2024

Kristian Høy, MD, PhD

Your name:

3	Royalties or licenses	<b>⊠</b> None	
		1	
4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		Honoraria for lectures ERFA Course den 02.11.2022, Medtronic
6	Payment for expert testimony	⊠ None	
7	Support for attending		
	meetings and/or travel		Support for travelling Expenses, Hotel, Airplane for NASS 37 <sup>th</sup> 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	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary		7
10	role in other board, society, committee or advocacy group, paid or unpaid	Faculty member, 38 <sup>th</sup> 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	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	<b>⊠</b> None	
	services		

13 Other financial or non- None		⊠ None	
	financial interests		

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

Dat	e: 15. august 2024		
Υοι	ır name: Kresten Wende	II Rickers	
Ma	nuscript title:	Akut paraspinal kon	npartmentsyndrom efter CrossFit
Ма	nuscript number (if known	):	
are r third comi	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the cont 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.
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perta antih In ite	ains to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all 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	e frame: Since the initial plan	ning 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	⊠ None	
	item.		
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Tim	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	

4	Consulting fees	⊠ None
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
6	Payment for expert testimony	⊠ None
7	C	
	Support for attending meetings and/or travel	⊠ None
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8	Patents planned, issued or pending	⊠ None
9 Participation on a Data None		57 41
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
10		△ None
11	Stock or stock options	⊠ None
**		△ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
		M Notice
13	Other financial or non- financial interests	⊠ None
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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