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Date: 30. oktober 202	ate: 30. oktober 2024		
Your name: Peter Birk Hollænder			
Manuscript title:	Manuscript title: Bilateral atraumatisk caput femoris osteonekrose hos en ellers rask 45-årig kvinde		
Manuscript number (if known): xx			

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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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 plar	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	Time frame: past 36 months		
2	Grants or contracts from	None     Non	
	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
13	Other financial or non- financial interests	None

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Dat	e: 30. oktober 2024		
You	Ir name: Naija Munk-Ped	ersen	
Mai	nuscript title: Bilatera	al atraumatisk caput femoris	osteonekrose hos en ellers rask 45-årig kvinde
Mai	nuscript number (if known)	):	
are re third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	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.  Os/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	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	-	
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	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
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
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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Date: 30. oktober 2024		
Your name: Erik Gadsbøll		
Manuscript title: Bilateral atraumatisk caput femoris osteonekrose hos en ellers rask 45-årig		
Manuscript number (if known): Ukendt		

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	No time limit for this item.		

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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
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
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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Date	e: 31/10-2024 Klik eller tryk	for at angive en dato.	
You	r name: Emma Lundby Kra	gh	
Mar	nuscript title: Bilateral atra	umatisk caput femoris ost	teonekrose hos en ellers rask 45årig kvinde.
Mar	nuscript number (if known)	): Ukendt	
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	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported	defined broadly. For example, if your manuscript I declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all nonths.
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Time	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 None	
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			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	

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

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whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial planning of the work  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.  Click TAB in last row to add extra row any entity (if not indicated)  Whone  Click TAB in last row to add extra row any entity (if not indicated)  Whone	are rethird commist a The formanu The apertaentihen	elated to the content of yo parties whose interests miniment to transparency alrelationship/activity/interestionship questions apply to escript only.  uthor's relationships/activity to the epidemiology of ypertensive medication, even #1 below, report all sup	ur manuscript. "Related" ay be affected by the continued does not necessarily interest, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reported	means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to u do so.  Os/activities/interests as they relate to the current defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  It in this manuscript without time limit. For all
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.  Click TAB in last row to add extra row any entity (if not indicated manuscript (e.g., funding, provision of study research grants from The Danish Rheumatism Association and Steno Diabetes Center, Aarhus.  Click TAB in last row to add extra row any entity (if not indicated Mone			whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your
manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Click TAB in last row to add extra row any entity (if not indicated)  None  Time frame: past 36 months  None  Author Rasmus Roost Aabling receives research grants from The Danish Rheumatism Association and Steno Diabetes Center, Aarhus.  Click TAB in last row to add extra row any entity (if not indicated)	Time	e frame: Since the initial plar	ning of the work	
Time frame: past 36 months  2 Grants or contracts from any entity (if not indicated None	1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	None	research grants from The Danish Rheumatism Association and Steno Diabetes Center, Aarhus.
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any entity (if not indicated	Time	e frame: past 36 months		
in item #1 above).	2	any entity (if not indicated	⊠ None	
3 Royalties or licenses  None	3	Royalties or licenses	<b>⊠</b> None	

Date:

Your name:

30. oktober 2024

Rasmus Roost Aabling

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

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You	r name:	Sanne	Hoi Christenson
Mar	nuscript title: Bilater	al atraumatisk o	Capit femons nekrose hos on ellers rass
Mar	nuscript number (if known	):	1 45-ang kunde.
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	ollowing questions apply to uscript only.	the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
n ite		port for the work reporte disclosure is the past 36 Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
Time	e frame: Since the initial plar		applications of the second second second second
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.		
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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	

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     Non
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	図None

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