Dat	e : 28. november 2023			
You	r name: Rasmus Elsøe			
Mai	Manuscript title: TENSION BAND VERSUS LOCKING PLATE FIXATION			
Mai	nuscript number (if known):		
are ro third comr list a The f	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interes	ur manuscript. "Related" ay be affected by the contend 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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Dis/activities/interests as they relate to the current	
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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. e frame: past 36 months	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)	
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4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
8	Datants planned issued or	M Nama	
٥	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	☑ None	
	Safety Monitoring Board or Advisory Board		
	Of Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests	LI HOIIC	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 28. november 2023			
You	r name: Peter Larsen			
Ma	Manuscript title: TENSION BAND VERSUS LOCKING PLATE FIXATION			
Ma	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)	
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your	
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4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
8	Datants planned issued or	M Nama	
٥	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	☑ None	
	Safety Monitoring Board or Advisory Board		
	Of Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests	LI HOIIC	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 27. november 2023			
You	r name: Peter Szephalm	i		
Mar	nuscript title:			
	Manuscript number (if known):			
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the control 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. Discriptions/activities/interests as they relate to the current	
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		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
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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	relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)	
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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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 26. november 2023		
You	r name: Niels Hen	rik Bruun	
Mar	nuscript title:	TENSION BAND VERSUS LO	CKING PLATE FIXATION FOR THE TREATMENT OF
Mar	nuscript number (if known)):	
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	m #1 below, report all support	•	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)
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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 Non	
	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		

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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 30. november 2023		
You	r name: Jens-Christian B	Beuke	
Mar	nuscript title: TENS	ION BAND VERSUS L	OCKING PLATE FIXATION FOR THE
Mar	nuscript number (if known):	
are re third comn list a The f	elated to the content of yo parties whose interests ma nitment 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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Des/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive 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)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	
	,	Z None	

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

 ${f f Z}$ 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

Date	e: 28. november 2023			
You	r name: Rikke Serritslev			
Mai	Manuscript title: TENSION BAND VERSUS LOCKING PLATE FIXATION			
Mai	nuscript number (if known):		
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment 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 ent 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	
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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	e frame: Since the initial plan	ning of the work		
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2	Grants or contracts from any entity (if not indicated	⋈ None		
	in item #1 above).			
3	Royalties or licenses	⊠ None		

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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 28. november 2023		
You	r name: Morten Kjerri Ra	asmussen	
Mai	nuscript title:Tension band	versus locking plate for t	reatment of patella fractures
Mai	nuscript number (if known):	·
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are re third comr	elated to the content of yo parties whose interests ma	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.
	following 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 sup r items, the time frame for	•	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	None Non	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
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11111	e Iraine. past 30 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
13	Other financial or non- financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 29. november 2023		
Naı	me: Steffen Skov Jense	en	
Mai	nuscript title: TENS	SION BAND VERSUS L	OCKING PLATE FIXATION FOR THE
Mai	nuscript number (if known):	
are ro third comr	elated to the content of yo parties whose interests ma	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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		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)
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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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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
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	noyalties of licenses	⊠ None	

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

 $oxed{\boxtimes}$ 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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Vour name: Public Trovmy

Manuscript number (if known): Teus in bund NSVS

Manuscript title:

		mannet of	posterie francisco
In t	he interest of transparenc	y, we ask you to disclose a	Il 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
thir	d parties whose interests	may be affected by the co	ntent of the manuscript. Disclosure represents a
con	nmitment to transparency	and does not necessarily	indicate a bias. If you are in doubt about whether to
list	a relationship/activity/inte	erest, it is preferable that y	you do so.
The	following questions apply	to the author's relationsh	sips/activities/interests as they relate to the <u>current</u>
mar	nuscript only.		
nort	tains to the enidemiology	of hypertension, you shou	defined broadly. For example, if your manuscript ld declare all relationships with manufacturers of not mentioned in the manuscript.
In it		pport for the work report	ed in this manuscript without time limit. For all
			I - va vi - la - l
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
	THE RESERVE	relationship or indicate none (add rows as	institution)
		needed)	
Tin	ne frame: Since the initial pla	anning of the work	
1	All support for the present	☑ None	
•	manuscript (e.g., funding,	71	
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	The second secon		
	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	Ø None	
	any entity (if not indicated		
	in item #1 above).		
		(A) No.	
3	Royalties or licenses	None	

4	Consulting fees	□ None	UV metro consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	stylur tecture
	manuscript writing or educational events		
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	OIR Dennah board
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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Medical Journal.

Dat	te: Klik eller tryk for at angive	e en dato. 27/11 -	-2023
Yo	urname: Japa P	Barckman	
Ma	nuscript title: Tensio		a looking plate fixation for
Ma	anuscript number (if known	4 1 1	of petella frection
hir	related to the content of yo d parties whose interests m	our manuscript. "Related" ay be affected by the con nd does not necessarily in	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit itent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to ou do so.
	following questions apply t	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>
er	tains to the epidemiology of	f hypertension, you shoul	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	em #1 below, report all sup er items, the time frame for		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)
Tin	ne frame: Since the initial plan		A
1	All support for the present	None	
	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 rows
Tin	ne frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	ØNone	
3	Royalties or licenses	☑.None	
-	mojaides of acetises	ZINONE	

4	Consulting fees	⊠ None
		Ysmith & Ucenew
		Smith & Ucphaw Teschins
5	Payment or honoraria for	□ None
9	lectures, presentations,	None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	⊠None
- 11	testimony	
_		
7	Support for attending	Ø None
	meetings and/or travel	21010
8	Datasta alasa d issued	
۰	Patents planned, issued or pending	None
9	Participation on a Data	Q [′] None
	Safety Monitoring Board or Advisory Board	
10	role in other board, society, committee or	⊠ None
	advocacy group, paid or unpaid	
_	unpaid	
11	Stock or stock options	☑ None
12	Receipt of equipment,	☑ None
	materials, drugs, medical	Note
	writing, gifts or other	
	services .	
	I PARTER A SESSION AND ADDRESS OF THE PARTER	The state of the s
12	Other General acres	
13	Other financial or non- financial interests	⊠ None

1 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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Date	e: 29. november 2023				
Naı	ne: Juozas Petruskeviciu	IS			
Mar	nuscript title: TENS	ION BAND VERSUS L	OCKING PLATE FIXATION FOR THE		
Mar	nuscript number (if known):			
are re third comn list a The fe	elated to the content of yo parties whose interests ma nitment 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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Dis/activities/interests as they relate to the current		
perta antih In ite	ins to the epidemiology of ypertensive 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)		
Time	e frame: Since the initial plan	ning of the work			
1	All support for the present	⊠ None			
	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 rows				
Time	e frame: past 36 months		CHERT IVE III IASC FOR TO GOA EXCITATIONS		
111110	e frame. past 30 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	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
8	Datants planned issued or	M Nama	
٥	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	☑ None	
	Safety Monitoring Board or Advisory Board		
	Of Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests	LI HOIIC	

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Dat	e : 26/11/2023				
You	r name:	Rasmus S	vane Ditlev Severinsen		
Mai	nuscript title:	Ter	nsionband Versus Locking Pla	ate Fixation for the Treatment of Patella Fractures	
Mai	nuscript number	(if known):		
are re third comr list a The f	elated to the con parties whose in nitment to trans relationship/acti	itent of you iterests ma parency ar ivity/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	ins to the epider ypertensive med m #1 below, rep	miology of lication, ev	hypertension, you should en if that medication is n	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)	
	e frame: Since the				
1	All support for th manuscript (e.g., provision of stud- materials, medica article processing etc.)	funding, Y al writing,	⊠ None		
	No time limit for item.	this			
	Click TAB in last row to add extra rows				
Time	e frame: past 36 m	nonths			
2	Grants or contraction any entity (if not in item #1 above)	indicated	⊠ None		
3	Royalties or licen	ses	⊠ None		

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

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