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

Op	erating room team's p	erception of procedu	ure shift to cemented hemi-arthroplasty	
Maı	Manuscript number (if known):			
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oerta antih n ite	ains to the epidemiology of ypertensive medication, e	hypertension, you should ven 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 nonths.	
		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			
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		

Date:

Your name:

Manuscript title:

30. januar 2024

Doris Østergaard

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 None
13	Other financial or non- financial interests	None

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Da	te: 30. januar 2024		
Yo	ur name: HENR	RIK PALM	
	anuscript title:		
Op	perating room team's	perception of proced	ure shift to cemented hemi-arthroplasty
Ma	inuscript number (if knowi	n):	
are in third complete the compl	related to the content of your parties whose interests making the mitment to transparency as relationship/activity/interfollowing questions apply tous cript only. author's relationships/activalins to the epidemiology of the properties of the medication, expertensive med	our manuscript. "Related' hay be affected by the cor and does not necessarily in rest, it is preferable that y to the author's relationsh wities/interests should be f hypertension, you shoul even if that medication is i	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	r 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)
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,	⊠ None	
	article processing charges, etc.)		
	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
		2 None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	M At
0	testimony	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
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	
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11	Stock or stock options	⊠ None
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12	Receipt of equipment,	⊠ None
	materials, drugs, medical	23 NOTIC
	writing, gifts or other	·
	services	
13	Other financial or non-	⊠ None
H	financial interests	

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Dat	e: 30. januar 2024		
You	r name: Lene Viholt		
	nuscript title: erating room team's p	erception of procedu	re shift to cemented hemi-arthroplasty
Mar	nuscript number (if known):	
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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou 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 suppitems, the time frame for	•	d in this manuscript without time limit. For all nonths.
		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 initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
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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	
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3	Royalties or licenses	None Non	

4	Consulting fees	
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
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

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Dat	e: 30. januar 2024		
You	r name : Marlene Dyrløv	Madsen	
	nuscript title: erating room team's p	erception of procedu	re shift to cemented hemi-arthroplasty
Mai	nuscript number (if known):	
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>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all suppritems, 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	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	
	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	
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3	Royalties or licenses	None Non	

4	Consulting fees	
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
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

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Date	e: 18. februar 2024			
You	r name: Søren Overgaard			
	nuscript title:			
Ope	Operating room team's perception of procedure shift to cemented hemi-arthroplasty			
Mar	nuscript number (if known):		
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.	
	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	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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non		
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2	Grants or contracts from	None Non	-	
	any entity (if not indicated in item #1 above).			
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3	Royalties or licenses	None Non		

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

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Dat	e: 30. januar 2024		
You	r name: Thomas Giver Jens	sen	
	nuscript title: erating room team's p	erception of procedu	re shift to cemented hemi-arthroplasty
	nuscript number (if known)	·	
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 ent 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>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all suppritems, the time frame for	•	d in this manuscript without time limit. For all nonths.
		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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Time	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	None Non	

4	Consulting fees	None Non
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
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	te: 30. januar 2024		
You	ur name: Troils	Haxholdt L	400
	nuscript title:	YILL STREET	
Op	erating room team's p	perception of proced	are shift to cemented hemi-arthroplasty
Ma	nuscript number (if known	n):	
are r third com	elated to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the con nd does not necessarily ir	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 t uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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	r items, the time frame for	disclosure is the past 56	montns.
	r items, the time frame for	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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
Tim	e frame: Since the initial plane. All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	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
Tim 1	e frame: Since the initial plane. 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.	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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Tim 1	e frame: Since the initial plane. 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.	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 1	e frame: Since the initial plane. 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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None			
5	Payment or honoraria for	⊠ None			
	lectures, presentations,				
	speakers bureaus, manuscript writing or educational events				
Concentrational events					
6	Payment for expert	⊠ None			
	testimony				
7	Support for attending	⊠ None			
	meetings and/or travel				
8	Datants planned issued or	[V] AL			
٥	Patents planned, issued or pending	⊠ None			
	perioning				
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				
	ипрати				
11	Stock or stock options	⊠ None			
12	Receipt of equipment,	⊠ None			
_ _	materials, drugs, medical writing, gifts or other services	End 170110			
13	Other financial or non- financial interests	⊠ None			
13		A Notice			

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Dat	e: 30. januar 2024		
You	rname: Ann - Vibe	ele Christer	sey
	nuscript title:		
Op	erating room team's p	erception of procedi	are shift to cemented hemi-arthroplasty
Maı	nuscript number (if known):	
are ro third comr list a	elated to the content of yo parties whose interests ma nitment to transparency a relationship/activity/intere	ur manuscript. "Related" ay be affected by the con nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply to uscript only.	o the author's relationshi	ps/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 r port for the work reporte	,
		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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Tim	e frame: past 36 months		
2	Contract from	57 N	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
	Contract of the second		Policy Complete Compl

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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