ICMJE DISCLOSURE FORM

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

Date : 31. maj 2023					
Your name: Jon Pedro Timane					
Mai	Manuscript title: Laparoskopisk hysterektomi, salpingektomi og orkiektomi hos biologisk mand				
Mai	nuscript 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. The following questions apply to the author's relationships/activities/interests as they relate to the current					
mar	nuscript only.				
peri anti In it	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 antihypertensive 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)		
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 item.	X None			
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).	X None			
3 Royalties or licenses		X None			
	Noyalties of ficerises	A NOTIC			
	noyantes of neerises	X None			

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

Please place an "X" next to the following statement to indicate your agreement:

 χ 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

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

ICMJE DISCLOSURE FORM

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

Date : Klik eller tryk for at angive en dato.		
Your name: Tilde Carøe Thomsen		
Manuscript title: Laparaskopisk hysterektomi, salpingektomi og orkiektomi hos biologisk		
Manuscript number (if known): 72001		

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 antihypertensive 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.

Tim	e frame: Since the initial plan	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	All support for the present	None ⊠	
1	manuscript (e.g., funding, provision of study materials, medical writing,	□ NOTE	
	article processing charges,		
	etc.) No time limit for this		
	item.		
	l .	l .	ı

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months				
2	Grants or contracts from	☑ None			
any ent	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			
6	Dayment for expert	M Nama		
0	Payment for expert testimony	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel	Z None		
	<i>5</i> ,			
8	Patents planned, issued or	☑ None		
	pending			
•				
9	Participation on a Data	⊠ None		
	Safety Monitoring Board or Advisory Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board, society, committee or advocacy group, paid or unpaid			
11	Stock or stock antions	Name -		
11	Stock or stock options	⊠ None		
12 Receipt of equipment, None		⊠ None		
12	materials, drugs, medical writing, gifts or other services	Zirtone		
13	Other financial or non-	⊠ None		
	financial interests			

Please place an "X" next to the following statement to indicate your agreement:

🛛 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

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

ICMJE DISCLOSURE FORM

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

Date: Klik eller tryk for at angive en dato.		
Your name: Khalilullah Hayatzaki		
Manuscript title: Laparaskopisk hysterektomi, salpingektomi og orkiektomi hos biologisk		
Manuscript number (if known): 72001		

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 antihypertensive 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	ining 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	Time frame: past 36 months				
2	Grants or contracts from	☑ None			
any ent	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			
6	Dayment for expert	M Nama		
0	Payment for expert testimony	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel	Z None		
	5 ,			
8	Patents planned, issued or	☑ None		
	pending			
•				
9	Participation on a Data	⊠ None		
	Safety Monitoring Board or Advisory Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board, society, committee or advocacy group, paid or unpaid			
11	Stock or stock antions	Name -		
11	Stock or stock options	⊠ None		
12 Receipt of equipment, None		⊠ None		
12	materials, drugs, medical writing, gifts or other services	Zirtone		
13	Other financial or non-	⊠ None		
	financial interests			

Please place an "X" next to the following statement to indicate your agreement:

🛛 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

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