Date:	8/15/2023
Your Name:	Martin Lindberg-Larsen
Manuscript Title:	No difference in short-term readmissions following day-case vs. one overnight stay in hip and knee arthroplasty: a nationwide register study of 51,042 procedures from 2010-2020
Manuscript Number (if known):	17209

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The author's relationships/activities/interests should be defined broadly. 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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
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3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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	Chairman, Danish Knee Arthroplasty Register	

		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)
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	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

a nationwide register study of 51,042 procedures from 2010-2020

Support for attending meetings and/or travel

Date: August 16, 2023 _____ Your Name: Kirill Gromov _

Man	uscript number (if known): 17209		
relate partie to tra	e interest of transparency, we ask you to disclose ed to the content of your manuscript. "Related" r es whose interests may be affected by the conter ansparency and does not necessarily indicate a bi preferable that you do so.	means any relation with for-profit or r nt of the manuscript. Disclosure repre	not-for-profit third sents a commitment
	following questions apply to the author's relation uscript only.	ships/activities/interests as they relat	te to the <u>current</u>
to the even In ite	euthor's relationships/activities/interests should e epidemiology of hypertension, you should declar if that medication is not mentioned in the manu- em #1 below, report all support for the work report ime frame for disclosure is the past 36 months.	are all relationships with manufacture script.	ers of antihypertensive medication,
	·		
		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 planning 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	
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	X Zimmer Biomet	Research support and institutional support
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	X None	

Manuscript Title: No difference in short-term readmissions following day-case vs. one overnight stay in hip and knee arthroplasty:

X_None

8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data	_X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs,	_X_None	
	medical writing, gifts or other services		
13	Other financial or non-financial interests	<u>X</u> None	

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

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

Date: August 15, 2023 Your Name: Anders Troelsen

Manuscript Title: No difference in short-term readmissions following day-case vs. one overnight stay in hip and knee arthroplasty: a

nationwide register study of 51,042 procedures from 2010-2020

Manuscript number (if known): 17209

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X Zimmer Biomet Pfizer Denmark	36 months Research support, travel/accommodations/ meeting expenses unrelated to activities listed Research support
3	Royalties or licenses	_X_None	
4	Consulting fees	X Zimmer Biomet Pfizer Denmark	Consultancy Consultancy
5	Payment or honoraria for lectures, presentations, speakers bureaus,	_X_Zimmer Biomet	Payment for lectures including service on speakers bureaus

	manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or	_X_ Danish Knee Arthroplasty	
	Advisory Board	register	
10	Leadership or fiduciary role	X Zimmer Biomet	Advisory board member
	in other board, society, committee or advocacy group, paid or unpaid	Pfizer Denmark	Advisory board member
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	
	writing, gifts or other services		
13	Other financial or non- financial interests	_X_None	

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8/16/2023

Date:

Your Name: Christian Skovgaard Nielsen.				
Mai	Manuscript Title: No difference in short-term readmissions following day-case vs. one overnight stay hip and knee arthroplasty: a nationwide register study of 51,042 procedures from 2010-2020			
Mai	Manuscript Number (if known): 17209			
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epic	The author's relationships/activities/interests should be defined broadly. 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.			
	em #1 below, report and for disclosure is the		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			P	made to you or to your montation;
			Time frame: Since the initial planning	
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.	⊠ No	Time frame: Since the initial planning one	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	r 1	Time frame: Since the initial planning one Time frame: past 36 months	of the work

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
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	

		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)
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	
Plea [🖂]		to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	8/15/2023
Your Name:	Nicolai B Foss
Manuscript Title:	No difference in short-term readmissions following day-case vs. one overnight stay in hip and knee arthroplasty: a nationwide register study of 51,042 procedures from 2010-2020
Manuscript Number (if known):	17209

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The author's relationships/activities/interests should be defined broadly. 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.

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		Time frame: Since the initial planning 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.	[⊠] None	Click the tab key to add additional rows.	
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	■ None		
3	Royalties or licenses	None None		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Masimo Edwards	Speaker fee Speaker fee
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	

		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)
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	
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.			

Date:	8/14/2023
Your Name:	Christian Bredgaard Jensen
Manuscript Title:	The 10-year evolution of day-case hip and knee arthroplasty
Manuscript Number (if known):	17209

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		Name all entities with whom you have this relationship or indicate none (add rows as need)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
Time frame: Since the initial planning of the work			nning 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.	None None	Click the tab key to add additional rows.	
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novo Nordisk Foundation	PhD-scholarship, related to another project. Payment was made to Hvidovre Hospital	
3	Royalties or licenses	None None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Com made to you or to you	ments (e.g., if payments were rour institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
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	Board member – Young Orthopaedic Danish Association (YODA)	

		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)
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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