Date	e:		9/13/2023		
Your Name:			Maria Tirta		
Manuscript Title:			Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.		
Mai	nuscript Number (if kr	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activitic epidemiology of hypertension, you		pt. "Rela of the man of in doubt s/activitionsion, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
In item #1 below, report all suppor frame for disclosure is the past 36			-	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)	
			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.	Independent 1030-00 Gigtford Health		Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Independent 1030-00 Gigtford Health	ndent Research Fund Denmark Grant no. 0366B eninge Professional Fund at Aarhus University		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Indeper 1030-00 Gigtfor Health	ndent Research Fund Denmark Grant no. 0366B eninge Professional Fund at Aarhus University gmar Marshall Fund		

		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 Non	
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	

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

Date:		9/13/2023			
Your Name:		Michel Bach Hellfritzsch	Michel Bach Hellfritzsch		
Manuscript Title:		Birthweight correlates to pubo-femoral distance newborns at six weeks of age.	tances and alpha angles in hip ultrasound of		
Mai	nuscript Number (if kno	wn): Click or tap here to enter text.			
con affe	tent of your manuscript.	icy, we ask you to disclose all relationships/activities "Related" means any relation with for-profit or no ne manuscript. Disclosure represents a commitme doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
-		nctivities/interests should be defined broadly. For each, you should declare all relationships with manufioned in the manuscript.			
In item #1 below, report all support frame for disclosure is the past 36 r		support for the work reported in this manuscript wast 36 months.	rithout time limit. For all other items, the time		
	Na	me all entities with whom you have this	Specifications/Comments (e.g., if payments were		
	re	ationship or indicate none (add rows as needed)	made to you or to your institution)		
	re		made to you or to your institution)		
1	All support for the	ationship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	Time frame: Since the initial planning None Independent Research Fund Denmark Grant no.	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	Time frame: Since the initial planning None	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning None Independent Research Fund Denmark Grant no. 030-00366B Gigtforeninge Health Professional Fund at Aarhus University	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial planning None Independent Research Fund Denmark Grant no. 030-00366B Gigtforeninge	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Time frame: Since the initial planning None Independent Research Fund Denmark Grant no. 030-00366B Gigtforeninge Health Professional Fund at Aarhus University	made to you or to your institution)		
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2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None Independent Research Fund Denmark Grant no. 030-00366B Sigtforeninge Health Professional Fund at Aarhus University and Dagmar Marshall Fund Time frame: past 36 month	made to you or to your institution) of the work		

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licenses

⊠ 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 Non	
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	

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

Dat	e:	8/31/2023			
Your Name:		Rikke Damkjær Maimburg	Rikke Damkjær Maimburg		
Manuscript Title:		Birthweight correlates to pubo-femoral dis newborns at six weeks of age.	Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.		
Ma	nuscript Number (if knov	(n): Click or tap here to enter text.			
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epi		ctivities/interests should be defined broadly. For one of the properties of the properties of the control of the manuscript.			
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		ne all entities with whom you have this ationship 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		ationship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	Time frame: Since the initial planning None dependent Research Fund Denmark Grant no.	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning None dependent Research Fund Denmark Grant no. 130-00366B determinge	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning None dependent Research Fund Denmark Grant no. 30-00366B igtforeninge ealth Professional Fund at Aarhus University	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning None dependent Research Fund Denmark Grant no. 130-00366B determinge	made to you or to your institution)		
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Royalties or

licenses

⊠ 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 Non	
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	

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

ICMJE DISCLOSURE FORM			
Date: 9/13/2023			
Your Name:	[Mads Henriksen		
Manuscript Title:	Birthweight correlates to pubo-femoral dist newborns at six weeks of age.	Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.	
Manuscript Number (if kn	own): Click or tap here to enter text.		
content of your manuscrip affected by the content of indicate a bias. If you are The author's relationships epidemiology of hyperten that medication is not me	Il support for the work reported in this manuscript w	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were	

		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 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.	Independent Research Fund Denmark Grant no. 1030-00366B Gigtforeninge Health Professional Fund at Aarhus University and Dagmar Marshall Fund	
		Time frame: past 36 month	s
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 Non	
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	

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

ICMJE DISCLOSURE FORM			
Date:	ate: 9/13/2023		
Your Name:	Natalia Lapitskaya		
Manuscript Title:	Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.		
Manuscript Number (if k	nown): Click or tap here to enter text.		
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hypertenthat medication is not medicated in item #1 below, report in the supplementation is not medicated.	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 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. 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)		

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		Time frame: Since the initial planning of	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.	Independent Research Fund Denmark Grant no. 1030-00366B Gigtforeninge Health Professional Fund at Aarhus University and Dagmar Marshall Fund	
		Time frame: past 36 months	s
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 Non	
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	

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

Date:		9/13/2023		
Your Name:		Søren Kold		
Manuscript Title:		Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.		
Ma	nuscript Number (if k	nown): _[Click or tap here to enter text.]		
content of your manuscript. "Rela affected by the content of the ma		ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	demiology of hyperter	c/activities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if ntioned in the manuscript.		
	tem #1 below, report and the for disclosure is the	Il support for the work reported in this manuscript without time limit. For all other items, the time 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 frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g.,	□ None Independent Research Fund Denmark Grant no.		
	funding, provision of study materials,	1030-00366B Gigtforeninge		
	medical writing,	Health Professional Fund at Aarhus University		
	article processing charges, etc.) No time limit for this item.	and Dagmar Marshall Fund		
		Time frame: past 36 months		
2	1			
	Grants or contracts from any entity (if not indicated in item #1 above).	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 Non	
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	

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

	ICMJE DISCLOSURE FORM				
Da	9/13/2023				
Yo	our Name: Bjarne Møller-Madsen				
Ma	nuscript Title:	uscript Title: [Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.			
Ma	nuscript Number (if k	wn): Click or tap here to enter text.			
cor aff inc The epi tha	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 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. 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 frame: Since the initial planning of the work			
1	All support for the present	□] None			

		relationship or indicate none (add rows as needed)	made to you or to your institution)
		Time frame: Since the initial planning of	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.	Independent Research Fund Denmark Grant no. 1030-00366B Gigtforeninge Health Professional Fund at Aarhus University and Dagmar Marshall Fund Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	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 Non	
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	

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

Date:			9/13/2023		
Your Name:			Ole Rahbek		
Manuscript Title:			Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
		nsion, you	ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all supports frame for disclosure is the past 36			ort for the work reported in this manuscript without time limit. For all other items, the time is months.		
			l entities with whom you have this ship 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.,	I J	one ndent Research Fund Denmark Grant no.		
	funding, provision of study materials,	1030-0 Gigtfor			
	medical writing,	Health	Professional Fund at Aarhus University		
	article processing charges, etc.) No time limit for this item.	and Da	gmar Marshall Fund		
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[\times] No	one		
3	Royalties or licenses	⊠ No	one		

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

Date:		9/13/2023		
Your Name:		Hans-Christen Husum		
Manuscript Title:		Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age		
Mai	nuscript Number (if k	wn): _[Click or tap here to enter text.]		
con affe indi The epic	tent of your manuscri ected by the content of cate a bias. If you are author's relationship demiology of hyperter	ncy, we ask you to disclose all relationships/activities/interests listed below that are related to the "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. activities/interests should be defined broadly. For example, if your manuscript pertains to the ion, you should declare all relationships with manufacturers of antihypertensive medication, even if tioned in the manuscript.		
	em #1 below, report ne for disclosure is the	support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.		
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Independent Research Fund Denmark Grant no. 1030-00366B Gigtforeninge Health Professional Fund at Aarhus University and Dagmar Marshall Fund		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	1030-00366B Gigtforeninge Health Professional Fund at Aarhus University		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	1030-00366B Gigtforeninge Health Professional Fund at Aarhus University and Dagmar Marshall Fund		

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