

## ICMJE DISCLOSURE FORM

**Date:** 8/16/2023

**Your Name:** Rikke Sommer Haaber

**Manuscript Title:** Multimorbidity is associated with an increased risk of revision after primary total hip arthroplasty – a population-based cohort study on 98,647 Danish patients from 1995-2018

**Manuscript Number (if known):** [Click or tap here to enter text.]

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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

## ICMJE DISCLOSURE FORM

**Date:** 8/22/2023

**Your Name:** Katrine Glintborg Iversen

**Manuscript Title:** Multimorbidity is associated with an increased risk of revision after primary total hip arthroplasty – a population-based cohort study on 98,647 Danish patients from 1995-2018

**Manuscript Number (if known):** [Click or tap here to enter text.]

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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2023

**Your Name:** André Sejr Klenø

**Manuscript Title:** Multimorbidity is associated with an increased risk of revision after primary total hip arthroplasty – a population-based cohort study on 98,647 Danish patients from 1995-2018

**Manuscript Number (if known):** [\[Click or tap here to enter text.\]](#)

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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2023

**Your Name:** Martin Bækgaard Stisen

**Manuscript Title:** Multimorbidity is associated with an increased risk of revision after primary total hip arthroplasty – a population-based cohort study on 98,647 Danish patients from 1995-2018

**Manuscript Number (if known):** [Click or tap here to enter text.]

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**Date:** 8/16/2023

**Your Name:** Inger Mechlenburg

**Manuscript Title:** Multimorbidity is associated with an increased risk of revision after primary total hip arthroplasty – a population-based cohort study on 98,647 Danish patients from 1995-2018

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**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.

## ICMJE DISCLOSURE FORM

**Date:** 8/17/2023

**Your Name:** Alma B. Pedersen

**Manuscript Title:** Multimorbidity is associated with an increased risk of revision after primary total hip arthroplasty – a population-based cohort study on 98,647 Danish patients from 1995-2018

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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.

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