Date	e:	8/15/20	23		
You	Your Name:		Martin Lindberg-Larsen		
Maı	nuscript Title:	Half of a	all hip and knee arthroplasty	y patients may be potential day-case candidates	
Mai	nuscript Number (if k	nown):			
con affe indi	tent of your manuscr cted by the content o cate a bias. If you are	pt. "Related" mea f the manuscript. in doubt about w	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.		
epic		nsion, you should o	declare all relationships with	ly. For example, if your manuscript pertains to the nanufacturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		work reported in this manus	script without time limit. For all other items, the time	
			with whom you have this dicate none (add rows as ne	Specifications/Comments (e.g., if payments were eeded) made to you or to your institution)	
		Tir	me frame: Since the initial pla	lanning 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	6 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None			
3	Royalties or licenses	⊠ None			

			specifications/Comments (e.g., if payments were nade 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 [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: August 16, 2023
Your Name: Kirill Gromov
Manuscript Title: Half of all hip and knee arthroplasty patients may be potential day-case candidates
Manuscript 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 <u>current</u> <u>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 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.	<u>X</u> 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	<u>X</u> None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X_</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None	
		12/12/2021	ICMIE Disclosure E

8	Patents planned, issued or pending	_X_None	
9	Participation on a Data	_X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board,	<u>X</u> None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs,	<u>X_</u> None	
	medical writing, gifts or other services		
13	Other financial or non-financial interests	_X_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: Half of all hip and knee arthroplasty patients may be potential day-case candidates

Manuscript 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, i 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, ever 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_ Zimmer Biomet	Research support, travel/accommodations/ meeting expenses unrelated to activities listed
		Pfizer Denmark	Research support
3	Royalties or licenses	_X_None	
4	Consulting fees	X Zimmer Biomet	Consultancy
		Pfizer Denmark	Consultancy
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_Zimmer Biomet	Payment for lectures including service on speakers bureaus

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 Advisory Board	_X Danish Knee Arthroplasty register	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X Zimmer Biomet Pfizer Denmark	Advisory board member Advisory board member
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
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:		8/16/2023		
Your Name:		Christian Skovgaard Nielsen.		
Manuscript Title:		Half of all hip and knee arthroplasty pat	tients may be potential day-case candidates	
Manuscript Number (if l	known):			
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub		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 muscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
	ension, yo	u should declare all relationships with manuf	acturers of antihypertensive medication, even if	
In item #1 below, report frame for disclosure is the			ithout time limit. For all other items, the time	
		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	
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.	one		
		Time frame: past 36 month	s	
Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
3 Royalties or licenses	⊠ No	one		

		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 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	

		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	Image: square of the square o			
13	Other financial or non-financial interests	None			
Plea	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.				

10 12/13/2021 ICMJE Disclosure Form

Date	e:		8/15/2023		
Your Name:			Nicolai B Foss		
Mar	Manuscript Title:		Half of all hip and knee arthroplasty par	tients may be potential day-case candidates	
Mar	nuscript Number (if I	known)	:		
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		ript. "R of the r e in do	we ask you to disclose all relationships/activities elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitmentate about whether to list a relationship/activity rities/interests should be defined broadly. For each	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
epic	lemiology of hyperte	ension,		acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th	-	port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time	
			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	
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	
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 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	8/14/2023		
Your Name:		Christian Bredgaard Jensen	Christian Bredgaard Jensen		
Manuscript Title:		Half of all hip and knee arthropla	Half of all hip and knee arthroplasty patients may be potential day-case candidates		
Mar	nuscript Number (if l	nown):			
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/activiti epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Related" means any relation with for- if the manuscript. Disclosure represents a in doubt about whether to list a relationsh is/activities/interests should be defined bro insion, you should declare all relationships we instance in the manuscript. all support for the work reported in this ma	ort for the work reported in this manuscript without time limit. For all other items, the time		
		Name all entities with whom you have th relationship or indicate none (add rows as			
		Time frame: Since the initia	l planning 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.	None	Click the tab key to add additional rows.		
		Time frame: pas	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 Non			

		Name all entities with whom you have this specifications/Com 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	
Please place an "X" next to the following statement to indicate your agreement: \[\Boxedow \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.			