Date	a·		8/29/2023			
Your Name:			Oddrún Danielsen			
Manuscript Title:			-	arthroplasty in a multicenter public healthcare		
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						
epic	•	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36				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		
1	All support for the	[□] N	one			
			Nordisk Foundation (Grant number: SA0073760)	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.		
	charges, etc.) No time limit for			Click the tab key to add additional rows.		
	this item.					
2	Grants or	[⊠] N	Time frame: past 36 month	s		
	contracts from any entity (if not indicated in item #1 above).					
3	Royalties or	⊠ N	one			

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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)
4	Consulting fees	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 no	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 a	greement: the wording of any of the questions on this form.

Date:		8/29/2023	8/29/2023			
Your Name:		Claus Varnum	Claus Varnum			
Manuscript Title:		Implementation of outpatient hip and knee setting	arthroplasty in a multicenter public healthcare			
Mai	nuscript Number (if k	known): _[Click or tap here to enter text.]				
con affe	tent of your manuscr ected by the content o	ript. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme	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	demiology of hyperte	os/activities/interests should be defined broadly. For ension, you should declare all relationships with manufentioned in the manuscript.				
	em #1 below, report ne for disclosure is th		ort for the work reported in this manuscript without time limit. For all other items, the time 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				
	manuscript (e.g., funding, provision of study materials, medical writing,	NOVO Nordisk Foundation (Grant number: NNF21SA0073760)	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.			
	article processing charges, etc.)		Click the tab key to add additional rows.			
	No time limit for this item.		Click the tab key to add additional lows.			
		Time frame: past 36 month	ns			
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None				
3	Royalties or	⊠ 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	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Travel expenses from Stryker	
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 no	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 a	greement: the wording of any of the questions on this form.

Dat	te:	8/29/2023				
Your Name:		Christian Bredgaar	Christian Bredgaard Jensen			
Ma	nuscript Title:	Implementation of setting	outpatient hip and knee	arthroplasty in a multicenter public healthcare		
Ma	nuscript Number (if kn	own): _[Click or tap here to	enter text.]			
con affe	ntent of your manuscrip ected by the content of	t. "Related" means any rela the manuscript. Disclosure	tion with for-profit or no represents a commitme	es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.		
epi	demiology of hyperten			example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report a me for disclosure is the		rted in this manuscript w	rithout time limit. For all other items, the time		
		lame all entities with whon elationship or indicate non-	· ·	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		elationship or indicate non	· ·	made to you or to your institution)		
1	All support for the	elationship or indicate non	e (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	elationship or indicate none Time frame:	e (add rows as needed) Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: None NOVO Nordisk Foundation	e (add rows as needed) Since the initial planning	made to you or to your institution) of the work Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Time frame: None NOVO Nordisk Foundation	e (add rows as needed) Since the initial planning	made to you or to your institution) of the work Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.		
1	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: None NOVO Nordisk Foundation NNF21SA0073760)	e (add rows as needed) Since the initial planning	made to you or to your institution) of the work Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.		

3

Royalties or

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⊠ 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	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 no	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 a	greement: the wording of any of the questions on this form.

Dat	e:	8/29/2023			
Your Name:		Thomas Jakobsen			
Mai	nuscript Title:	Implementation of outpatient hip and knee setting	arthroplasty in a multicenter public healthcare		
Mai	nuscript Number (if known):	Click or tap here to enter text.			
con affe	tent of your manuscript. "Re ected by the content of the ma				
epio	· · · · · · · · · · · · · · · · · · ·		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report all supported in the past 3 me for disclosure is the past 3	ort for the work reported in this manuscript w 6 months.	ithout time limit. For all other items, the time		
		all entities with whom you have this 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			
	manuscript (e.g., funding, provision of study materials,	Nordisk Foundation (Grant number: LSA0073760)	Founding for the organizational set-up for the entire fast-track project including dedicated		
	medical writing, article processing		research staff at all centers, data monitoring and follow-up on complications.		
	article processing charges, etc.) No time limit for		_		
	article processing charges, etc.)	Time frame: past 36 month	follow-up on complications. Click the tab key to add additional rows.		
2	article processing charges, etc.) No time limit for this item.	Time frame: past 36 month	follow-up on complications. Click the tab key to add additional rows.		

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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)
4	Consulting fees	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 no	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 a	greement: the wording of any of the questions on this form.

Date:	8/29/2023			
Your Name:	Mikkel Rathsach Andersen			
Manuscript Title:	Implementation of outpatient hip and knee arthroplasty in a multicenter public healthcare setting			
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.

		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	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.	NOVO Nordisk Foundation (Grant number: NNF21SA0073760) Time frame: past 36 months	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

			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	[⊠] 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	e:		8/29/2023		
Your Name:		-	Manuel Josef Bieder		
Manuscript Title:		<u>-</u>	[Implementation of outpatient hip and knee arthroplasty in a multicenter public healthcare setting		
Mai	nuscript Number (if k	nown):	[Click or tap here to enter text.]		
con affe	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.				
epic	-	nsion, you	-	example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	em #1 below, report one for disclosure is the		The state of the s	vithout 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	[□] No	one		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NOVO	Nordisk Foundation (Grant number: A0073760)	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	NOVO	Nordisk Foundation (Grant number:	entire fast-track project including dedicated research staff at all centers, data monitoring and	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NOVO	Nordisk Foundation (Grant number:	entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NOVO	Nordisk Foundation (Grant number:	entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NOVO NNF21S	Nordisk Foundation (Grant number: A0073760)	entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.	

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			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	[⊠] 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:			8/29/2023		
Your Name:			Søren Overgaard		
Manuscript Title:			[Implementation of outpatient hip and knee arthroplasty in a multicenter public healthcare setting		
Manuscript Number (if known):			Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man			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 about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	·	nsion, you	-	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and 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	of the work	
			8		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NOVO	Nordisk Foundation (Grant number: SA0073760)	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NOVO	one Nordisk Foundation (Grant number:	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NOVO	one Nordisk Foundation (Grant number:	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NOVO	one Nordisk Foundation (Grant number:	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NOVO NNF21S	Nordisk Foundation (Grant number: SA0073760)	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NOVO NNF21S	Nordisk Foundation (Grant number: SA0073760) Time frame: past 36 months	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.	

		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 J & J Heraeus	Lecture, personal payment Course moderator and lectures- payment to institution
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	te:	8/29/2023			
Your Name:		Christoffer C. Jørgensen	Christoffer C. Jørgensen		
Manuscript Title:		Implementation of outpatient hip and kr	ee arthroplasty in a multicenter public healthcare		
Ma	nuscript Number (if kno	own): Click or tap here to enter text.			
cor affe	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.				
epi	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.				
		lame all entities with whom you have this elationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			made to you or to your institution)		
1	All support for the	elationship or indicate none (add rows as neede	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	elationship or indicate none (add rows as needed Time frame: Since the initial planni	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 planni None NOVO Nordisk Foundation (Grant number:	made to you or to your institution) ng of the work Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Time frame: Since the initial planni None NOVO Nordisk Foundation (Grant number:	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.		
1	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 planni None NOVO Nordisk Foundation (Grant number:	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.		

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Royalties or

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⊠ None

3

		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	[⊠] 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	Co-chair ESAIC guideline group: Thromboprophylaxis for fast-track and day surgery	

		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:			8/29/2023		
Your Name:			Henrik Kehlet		
Manuscript Title:			Implementation of outpatient hip and knee setting	arthroplasty in a multicenter public healthcare	
Mai	nuscript Number (if l	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man			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	-	ension, you	·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			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	
1	All support for the present	[□] No	Time frame: Since the initial planning	of the work	
1	present manuscript (e.g., funding, provision of study materials,	NOVO		Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NOVO	one Nordisk Foundation (Grant number:	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	NOVO	one Nordisk Foundation (Grant number:	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NOVO	one Nordisk Foundation (Grant number:	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NNF21S	one Nordisk Foundation (Grant number: SA0073760)	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications. Click the tab key to add additional rows.	

		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	Zimmer Biomet advisory board on rapid recovery	
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		8/28/2023	8/28/2023		
Your Name:		Kirill Gromov	Kirill Gromov		
Manuscript Title:		Implementation of outpatient hip and kne setting	[Implementation of outpatient hip and knee arthroplasty in a multicenter public healthcare setting		
Mai	nuscript Number (if k	nown): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma		pt. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitm	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 t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epio	demiology of hyperter	s/activities/interests should be defined broadly. For nsion, you should declare all relationships with manu entioned in the manuscript.			
	em #1 below, report and the second se	all support for the work reported in this manuscript e past 36 months.	without time limit. For all other items, the time		
		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 plannin	g of the work		
1	All support for the present	[□] None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NOVO Nordisk foundation (Grant number: NNF21SA0073760)	Funding for the organizational set-up for the entire fast-track project		
			including dedicated research staff at all centers, data monitoring and follow-up on complications		
	No time limit for this item.		Click the tab key to add additional rows.		
		Time frame: past 36 mon	hs		
2	Grants or	None			
	contracts from any entity (if not indicated in item #1 above).		Research support and institutional support		
	a lu				
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:		8/29/2023	8/29/2023		
Your Name:		Martin Lindberg-Larsen			
Manuscript Title:		Implementation of outpatient hip and kne setting	Implementation of outpatient hip and knee arthroplasty in a multicenter public healthcare		
Ma	nuscript Number (if kı	nown): [Click or tap here to enter text.]			
con affe indi The epic 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	g of the work		
1	All support for the present	□ None			
	manuscript (e.g., funding, provision of study materials, medical writing,	NOVO Nordisk Foundation (Grant number: NNF21SA0073760)	Founding for the organizational set-up for the entire fast-track project including dedicated research staff at all centers, data monitoring and follow-up on complications.		
	article processing charges, etc.)		Click the tab key to add additional rows.		
	No time limit for this item.				
		Time frame: past 36 mont	hs		
2	Grants or contracts from	[⊠] None			

any entity (if not indicated in item #1 above).

Royalties or

licenses

None

3

		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 Output Outp
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 Solution Sol
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chairman for 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.			