

ICMJE DISCLOSURE FORM

Date: 6/26/2024

Your Name: Marjukka Hallinen

Manuscript Title: Regional Variations in Incidence and Treatment Trends of Achilles Tendon Ruptures in Finland between years 1997-2019 – A Nationwide Study

Manuscript Number (if known): 17834

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.

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1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
1 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an “X” next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 6/23/2024

Your Name: Elina Ekman

Manuscript Title: Regional Variations in Incidence and Treatment Trends of Achilles Tendon Ruptures in Finland between years 1997-2019 – A Nationwide Study

Manuscript Number (if known): AO-2024-139 - (17834)

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5	Payment or honoraria for lectures,	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"> <tr><td> </td><td> </td></tr> </table>						

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	presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 6/23/2024

Your Name: Heli Keskinen

Manuscript Title: Regional Variations in Incidence and Treatment Trends of Achilles Tendon Ruptures in Finland between years 1997-2019 – A Nationwide Study

Manuscript Number (if known): AO-2024-139 - (17834)

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 6/23/2024

Your Name: Henri Sallinen

Manuscript Title: Regional Variations in Incidence and Treatment Trends of Achilles Tendon Ruptures in Finland between years 1997-2019 – A Nationwide Study

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Your Name: Markus Matilainen

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