Date:		20240315			
Your Name:		Pendar Khalili	Pendar Khalili		
Ма	nuscript Title:	Fracture-Related Infections after Hip Frac Retrospective Single-Center Cohort Study	ture Surgery are Associated with Higher Mortality: A		
Ma	nuscript Number (if kr	own): AO-0-0 - (17765)			
content of your manuscript. "Rel affected by the content of the ma		ency, we ask you to disclose all relationships/activit. "Related" means any relation with for-profit or the manuscript. Disclosure represents a commitm doubt about whether to list a relationship/activ	not-for-profit third parties whose interests may be nent to transparency and does not necessarily		
epi	demiology of hyperten	activities/interests should be defined broadly. Fosion, you should declare all relationships with man ationed in the manuscript.	r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
	tem #1 below, report a me for disclosure is the	I support for the work reported in this manuscript past 36 months.	without time limit. For all other items, the time		
		lame all entities with whom you have this elationship 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 planni	ng of the work		
1	All support for the	[□] None			
	manuscript (e.g., funding, provision of study materials,	This work was supported by the research committee of Region Värmland (LIVFOU)			
	medical writing,		Click the tab key to add additional rows.		
	article processing charges, etc.) No time limit for this item.				
		Time frame: past 36 moi	.,		
		Tittle traffie: past 50 filot	iths		

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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	Treasurer in the Swedish board of Young Orthopaedic Surgeons/Residents – Epiphysen.	

		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			
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	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.		

			0.447.4000			
Date:			3/15/2024	3/15/2024		
Your Name:			Anders Brüggemann			
Mar	nuscript Title:		Fracture-Related Infections after Hip Fractu Retrospective Single-Center Cohort Study	re Surgery are Associated with Higher Mortality: A		
Mar	nuscript Number (if l	known):	AO-0-0 - (17765)			
content of your manuscript. "Rela affected by the content 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.			
epic	•	ension, yo		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		
			all entities with whom you have this nship 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,		None	Click the tab key to add additional rows.		
medical writing, article processing charges, etc.) No time limit for this item.						
			Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	1. 1	None er Biomet	Institutional support		
3	Royalties or		None			

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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:			

			ICIVISE DISCLOSURE I O	IVIAI
Date:			3/15/2024	
Your Name:			Staffan Tevell	
Mai	nuscript Title:		Fracture-Related Infections after Hip Fractu Retrospective Single-Center Cohort Study	re Surgery are Associated with Higher Mortality: A
Mai	nuscript Number (if k	nown):	AO-0-0 - (17765)	
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		fight. Relation of the many serior of the many seri	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.
			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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	l J	University, ALF funding	To institution Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or	[⊠] N	one	

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1

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	Chairperson of the Swedish Society for Infectious Diseases (SILF) working group for Swedish guidelines on Bone- and joint infections SILF representative of steering committee for the PRISS project (prosthesis related infections shall be stopped) https://lof.se/patientsakerhet/vara- projekt/priss	unpaid unpaid

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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:	20240201
Your Name:	Per Fischer
Manuscript Title:	Basicervical femoral neck fractures:An observational study derived from the Swedish Fracture Register
Manuscript Number (if known):	Not known

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		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 Time frame: past 36 month	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	

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

Date:	3/18/2024	
Your Name:	Nils P. Hailer]	
Manuscript Title:	Fracture-Related Infections after Hip Fracture Surgery are Associated with Higher Mortality: A Retrospective Single-Center Cohort Study]	
Manuscript Number (if known):	AO-0-0 - (17765)	

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		Time frame: Since the initial planr	ing of the work
1	All support for the present manuscript (e.g.,	None ■	
	funding, provision		
	of study materials, medical writing,		Click the tab key to add additional rows.
	article processing		
	charges, etc.)		
	No time limit for this item.		
		Time frame: past 36 mg	nths
2	Grants or contracts from	□ None	
	any entity (if not	Swedish research council (VR 2019-00436;	Institutional support
	indicated in item	VR 2021-00980)	
	#1 above).	Stiftelsen Promobilia	Institutional support
		Skobranschens utvecklingsfond	Institutional support

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3	Royalties or licenses	□ None	
		Waldemar Link GmbH Co KG, Hamburg, Germany	
4	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures,	Waldemar Link GmbH Co KG, Hamburg, Germany	Honoraria for lectures/educational events
	presentations, speakers	Zimmer Biomet, Warsaw, USA Heraeus Medical, Wehrheim, Germany	Honoraria for lectures/educational events Honoraria for lectures/educational events
	bureaus,	Trefacus Medical, Wellinelli, Germany	Tronorum for rectures, educational events
	manuscript writing or		
	educational		
	events		
6	Payment for	None	
	expert testimony		
	_		
7	Support for attending	None ■	
	meetings and/or travel		
	traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring	STOP Leg Clots trial	
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board,	□ None	

		Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid	 Scientific advisor to the Swedish National Board of Health and Welfare Board member of Swedish Arthroplasty Register Chairman of Nordic Association of Arthroplasty Registers (NARA) Chairman of Swedish Orthopaedic Professors' Convent Chairman of Biobank Sweden (National infrastructure funded by Swedish Research Council) 	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs,	None ■ None None	
	medical writing, gifts or other services		
13	Other financial or non-financial interests	None	
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Date:	20240315
Your Name:	Olof Wolf
Manuscript Title:	Fracture-Related Infections after Hip Fracture Surgery are Associated with Higher Mortality: A Retrospective Single-Center Cohort Study
Manuscript Number (if known):	Not known

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		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	ns
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 Anatomica	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Swemac, Link Sweden, Smith&Nephew, Depuy Synthes	
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	DSMC for Fruiti Trial	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Director Swedish Fracture Register, Chair Swedish Orthopaedic Trauma Society	

		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	
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