

## ICMJE DISCLOSURE FORM

**Date:** 4/25/2024

**Your Name:** Madelene Albrektsson

**Manuscript Title:** Patient-reported outcome following an acetabular fracture: An observational study of 385 patients from the Swedish Fracture Register

**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) |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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**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:** 4/25/2024

**Your Name:** Michael Möller

**Manuscript Title:** Patient-reported outcome following an acetabular fracture: An observational study of 385 patients from the Swedish Fracture Register

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

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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></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:** 4/25/2024

**Your Name:** Mikael Sundfeldt

**Manuscript Title:** Patient-reported outcome following an acetabular fracture: An observational study of 385 patients from the Swedish Fracture Register

**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) |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br><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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|                                                                                                                                                                                                                                                               |                                                                                  | 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) |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></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:** 4/25/2024

**Your Name:** David Wennergren

**Manuscript Title:** Patient-reported outcome following an acetabular fracture: An observational study of 385 patients from the Swedish Fracture Register

**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) |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><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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| 11                                                                                                                                                                                                                                                            | Stock or stock options                                                           | <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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| 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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| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                       | <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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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></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:** 4/25/2024

**Your Name:** Olof Wolf

**Manuscript Title:** Patient-reported outcome following an acetabular fracture: An observational study of 385 patients from the Swedish Fracture Register

**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) |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br><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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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></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:** 4/25/2024

**Your Name:** Carl Bergdahl

**Manuscript Title:** Patient-reported outcome following an acetabular fracture: An observational study of 385 patients from the Swedish Fracture Register

**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) |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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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) |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><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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|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br><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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|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                         |                                                                                     |  |  |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                               |                                                                                  | 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) |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |
| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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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|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |
| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |
| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></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> |                                                                                  |                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |