ICMJE DISCLOSURE FORM

Date: 5/21/2024

Your Name: Signe Steenstrup Jensen

Manuscript Title: Validation of reoperations and development of an algorithm to identify reasons for reoperations following orthopedic fracture surgery in health administrative data. A Diagnostic Accuracy Study of The Danish National Patient Register

Manuscript Number (if known): Click or tap here to enter text.

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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.

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<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
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<table><tr><td>Fond of Direktør Emil C. Hertz and Hustru Inger Hertz</td><td>Funding to data entry, for me to pay the data collectors</td></tr><tr><td>Sygehus Lillebaelt</td><td>Funding to data entry, for me to pay the data collectors</td></tr><tr><td>The University of Southern Denmark</td><td>1 year of salary to me</td></tr><tr><td>the Region of Southern Denmark</td><td>1 year of salary to me</td></tr><tr><td>the Department of Orthopedics and Traumatology Kolding Hospital</td><td>1 year of salary to me</td></tr></table></td></tr>
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<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☒ None
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<tr><td>3</td><td>Royalties or licenses</td><td colspan="2">☒ None
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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**	

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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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Date: 5/21/2024

Your Name: Anders Rønnegaard

Manuscript Title: Validation of reoperations and development of an algorithm to identify reasons for reoperations following orthopedic fracture surgery in health administrative data. A Diagnostic Accuracy Study of The Danish National Patient Register

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Your Name: Per Hviid Gundtoft

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Your Name: Søren Kold

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Paid educational activies for NuVasive®	
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**	
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		Vice-president of the Nordic Orthopaedic Federation	

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