

## ICMJE DISCLOSURE FORM

**Date:** 8/4/2025

**Your Name:** Jon Karlsson

**Manuscript Title:** Lower all-cause 30-day mortality during summer following foot and ankle fracture surgery: a Swedish perioperative register-based study

**Manuscript Number (if known):** 18546

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.

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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:** 8/1/2025

**Your Name:** Elin Lundin

**Manuscript Title:** Lower all-cause 30-day mortality during summer following foot and ankle fracture surgery: a Swedish perioperative register-based study

**Manuscript Number (if known):** 18546

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**Your Name:** Jan Jakobsson

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		Jan Jakobsson is payed consulting safety physician for Astrazeneca and CTC	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Been lecturing for Baxter, Abbott, Maquette	Both me and institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Baxter advisory board	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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