

ICMJE DISCLOSURE FORM

Date: 9/2/2025

Your Name: [Alma Becic Pedersen]

Manuscript Title: [Fragility Fracture Network in the Nordic Orthopaedic Federations countries – status and fu-ture perspectives]

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.

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Time frame: past 36 months								
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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	
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 type="checkbox"/> None	
		Current chairman of FFN Denmark	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 12/29/2025

Your Name: Frede Frihagen

Manuscript Title: **Fragility Fracture Network in the Nordic Orthopaedic Federations countries – the role of orthopaedic surgeons**

Manuscript Number (if known): 18804

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ICMJE DISCLOSURE FORM

Date: 9/2/2025

Your Name: Lene Solberg

Manuscript Title: **Fragility Fracture Network in the Nordic Orthopaedic Federations countries – status and fu-ture perspectives**

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

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ICMJE DISCLOSURE FORM

Date: 9/2/2025

Your Name: Peter van den Berg

Manuscript Title: **Fragility Fracture Network in the Nordic Orthopaedic Federations countries – status and fu-ture perspectives**

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

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ICMJE DISCLOSURE FORM

Date: 9/2/2025

Your Name: Marsha van Oostwaard

Manuscript Title: **Fragility Fracture Network in the Nordic Orthopaedic Federations countries – status and future perspectives**

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

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ICMJE DISCLOSURE FORM

Date: 9/2/2025

Your Name: Johanna Rundgren

Manuscript Title: **Fragility Fracture Network in the Nordic Orthopaedic Federations countries – status and future perspectives**

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

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Date: 9/2/2025

Your Name: Karl-Åke Jansson

Manuscript Title: **Fragility Fracture Network in the Nordic Orthopaedic Federations countries – status and future perspectives**

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Date: 9/2/2025

Your Name: Henrik Palm

Manuscript Title: **Fragility Fracture Network in the Nordic Orthopaedic Federations countries – status and fu-ture perspectives**

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