ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Cecilie Rud Budtz

Manuscript Title: Increased all-cause mortality following distal radius fractures in Danish adults: A register-based matched cohort study.

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)**
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 months			
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**	
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:

☒ 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: 9/12/2025

Your Name: Antti Launonen

Manuscript Title: Increased all-cause mortality following distal radius fractures in Danish adults: A register-based matched cohort study.

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

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Academy of Finland	Paid for institution
		Government research grant	Paid for institution
3	Royalties or licenses	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 12/9/2025

Your Name: Bakir Omar Sumrein

Manuscript Title: Increased all-cause mortality following distal radius fractures in Danish adults: A register-based matched cohort study.

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.

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ICMJE DISCLOSURE FORM

Date: 9/9/2025

Your Name: Stig Brorson

Manuscript Title: Increased all-cause mortality following distal radius fractures in Danish adults: A register-based matched cohort study.

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.

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ICMJE DISCLOSURE FORM

Date: 9/9/2025

Your Name: Helle Kvistgaard Østergaard

Manuscript Title: Increased all-cause mortality following distal radius fractures in Danish adults: A register-based matched cohort study.

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

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6	Payment for expert testimony	☒ **None**	
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8	Patents planned, issued or pending	☒ **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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ICMJE DISCLOSURE FORM

Date: 9/9/2025

Your Name: Merete Nørgaard Madsen

Manuscript Title: Increased all-cause mortality following distal radius fractures in Danish adults: A register-based matched cohort study.

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Postdoc grant (500.000 DKK) from The Association of Danish Physiotherapists Research Fund	To my institution
		Project grant (60.000 DKK) from The Association of Danish Physiotherapists Research Fund	To my institution
		Project grant (75.000 DKK) from Regional Hospital Central Jutland Research Foundation	To my institution

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3	Royalties or licenses	☒ **None**	
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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,	☒ **None**	

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	society, committee or advocacy group, paid or unpaid		
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13	Other financial or non-financial interests	☒ **None**	

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