Date:	1/12/2023
Your Name:	Bjarke Viberg
Manuscript Title:	Change in treatment preferences in pediatric diaphyseal forearm fractures: a Danish nationwide register study of 36,244 fractures between 1997 and 2016
Manuscript Number (if known):	16523

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.

		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.
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	<ul> <li>None</li> <li></li></ul>	

		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	<ul> <li>[⊠] None</li> <li></li></ul>	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/13/2023	
Your Name:	Andreas Peter Balslev-Clausen	
Manuscript Title:       Change in treatment preferences in pediatric diaphyseal forearm fractures: a Danis         nationwide register study of 36,244 fractures between 1997 and 2016		
Manuscript Number (if known):	16523	

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.

		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.) <b>No time limit for this item.</b>	☑         None           ☑	Click the tab key to add additional rows.
		Time frame: past 36 month	15
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	<ul> <li>None</li> <li></li></ul>	

		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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/13/2023	
Your Name:	Katrine Rønn Abildgaard	
Manuscript Title:	Change in treatment preferences in pediatric diaphyseal forearm fractures: a Danish nationwide register study of 36,244 fractures between 1997 and 2016	
Manuscript Number (if known):	16523	

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.

		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.) <b>No time limit for this item.</b>	☑         None           ☑	Click the tab key to add additional rows.
		Time frame: past 36 month	IS
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	<ul> <li>None</li> <li></li></ul>	

		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	<ul> <li>[⊠] None</li> <li></li></ul>	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/12/2023
Your Name:	Per Hviid Gundtoft
Manuscript Title: Change in treatment preferences in pediatric diaphyseal forearm fractures: a Danish nationwide register study of 36,244 fractures between 1997 and 2016	
Manuscript Number (if known):	16523

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.

		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.) <b>No time limit for this item.</b>	☑    None          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑          ☑      ☑               ☑ <th>Click the tab key to add additional rows.</th>	Click the tab key to add additional rows.
-		r 1	5
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	<ul> <li>None</li> <li></li></ul>	

		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	<ul> <li>[⊠] None</li> <li></li></ul>	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/14/2023	
Your Name:	Rasmus Tofte Hansen	
Manuscript Title:	Change in treatment preferences in pediatric diaphyseal forearm fractures: a Danish nationwide register study of 36,244 fractures between 1997 and 2016	
Manuscript Number (if known):	16523	

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.

		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.	□      □ <t< th=""><th>Click the tab key to add additional rows.</th></t<>	Click the tab key to add additional rows.
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	<ul> <li>None</li> <li></li></ul>	

		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	<ul> <li>[⊠] None</li> <li></li></ul>	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/14/2023	
Your Name:	Nicolas Witwicki Borghegn	
Manuscript Title:	Change in treatment preferences in pediatric diaphyseal forearm fractures: a Danish nationwide register study of 36,244 fractures between 1997 and 2016	
Manuscript Number (if known):	16523	

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.

		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.	□      □ <t< th=""><th>Click the tab key to add additional rows.</th></t<>	Click the tab key to add additional rows.
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	<ul> <li>None</li> <li></li></ul>	

		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	<ul> <li>[⊠] None</li> <li></li></ul>	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		