

ICMJE DISCLOSURE FORM

Date: 2/3/2023

Your Name: Katarina Greve

Manuscript Title: Waiting more than 24 hours for hip fracture surgery is associated with increased risk of adverse outcomes for sicker patients – a nationwide cohort study of 63,998 patients using the Swedish hip fracture register RIKSHÖFT

Manuscript Number (if known): AO-2022-233/R2 RESUBMISSION - (16570)

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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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: 1/30/2023

Your Name: Stina Ek

Manuscript Title: Waiting more than 24 hours for hip fracture surgery is associated with increased risk of adverse outcomes for sicker patients – a nationwide cohort study of 63,998 patients using the Swedish hip fracture register RIKSHÖFT

Manuscript Number (if known): AO-2022-233/R2 RESUBMISSION - (16570)

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Date: 1/30/2023

Your Name: Erzsebet Bartha

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Your Name: Karin Modig

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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: 1/30/2023

Your Name: Margareta Hedström

Manuscript Title: Waiting more than 24 hours for hip fracture surgery is associated with increased risk of adverse outcomes for sicker patients – a nationwide cohort study of 63,998 patients using the Swedish hip fracture register RIKSHÖFT

Manuscript Number (if known): AO-2022-233/R2 RESUBMISSION - (16570)

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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Stockholm Region (ALF grant)</td> <td>Payment to the institution</td> </tr> <tr> <td>Promobilia Foundation grant</td> <td>Payment to the institution</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Stockholm Region (ALF grant)	Payment to the institution	Promobilia Foundation grant	Payment to the institution	Click the tab key to add additional rows.	
Stockholm Region (ALF grant)	Payment to the institution								
Promobilia Foundation grant	Payment to the institution								
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).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">none</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	none					
none									
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">none</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	none					
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	<input checked="" type="checkbox"/> None	
		none	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		none	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
		none	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
		none	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
		none	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		none	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		NAG vårdprogram höftfrakturer	

		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	<input checked="" type="checkbox"/> None	
		none	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		none	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		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. Yes