ICMJE DISCLOSURE FORM

Date: 9/19/2024

Your Name: Fernando Ruiz Jasbon

Manuscript Title: Causes of chronic pain unrelated to surgical trauma after groin hernia repair: a prospective cohort study

Manuscript Number (if known): HERN-D-24-00359

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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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**	
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			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**	

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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**	

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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**	

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Date: 9/19/2024

Your Name: Jonny Norrby

Manuscript Title: Causes of chronic pain unrelated to surgical trauma after groin hernia repair: a prospective cohort study

Manuscript Number (if known): HERN-D-24-00359

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ICMJE DISCLOSURE FORM

Date: 9/19/2024

Your Name: Jukka Ahonen

Manuscript Title: Causes of chronic pain unrelated to surgical trauma after groin hernia repair: a prospective cohort study

Manuscript Number (if known): HERN-D-24-00359

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Date: 9/19/2024

Your Name: Kristina Ticehurst

Manuscript Title: Causes of chronic pain unrelated to surgical trauma after groin hernia repair: a prospective cohort study

Manuscript Number (if known): HERN-D-24-00359

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Date: 9/19/2024

Your Name: Lovisa Kroon

Manuscript Title: Causes of chronic pain unrelated to surgical trauma after groin hernia repair: a prospective cohort study

Manuscript Number (if known): HERN-D-24-00359

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