

ICMJE DISCLOSURE FORM

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Date: 27. marts 2025

Your name: Nina Weis

Manuscript title: Vaccination af gravide

Manuscript number (if known): NA

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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)
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Time frame: past 36 months			
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6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☒ None	
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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	
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: 26. marts 2025

Your name: Ellen Moseholm

Manuscript title: Vaccinationer i graviditeten

Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None	
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4	Consulting fees	☐ None	
		Gilead Sciences	Payment to institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None	
		Gilead Sciences	Payment to institution
		Bristol Myers Squibb	Payment to institution
		GlaxoSmithKline	Payment to institution
6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☒ None	
8	Patents planned, issued or pending	☒ None	
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