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Date:	24. februar 2025		
Your na	Your name: Lilian Bostlund Olsen		
Manuscript title: Listeriainfektion og graviditet – en statusartikel			
Manus	cript number (if known): UFL-11-24-0767		

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		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)
Tim	e frame: Since the initial plan	ning of the work	
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Tim	Time frame: past 36 months			
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2	Grants or contracts from	⊠ None		
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3	Royalties or licenses	⊠ None		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert	⊠ None	
O	testimony	△ None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9 Participation on a Data			
,	Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests	Z HOIIC	

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Your name: Britta Blume Dolleris				
Manuscript title: Listeriainfektion og graviditet – en statusartikel				
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T:		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)
	e frame: Since the initial plar		
1	All support for the present	⊠ None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges, etc.) No time limit for this item.		

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Tim	Time frame: past 36 months			
2	Grants or contracts from	⋈ None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	⊠ None		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	Honorar fra Campus Pharma I forbindelse med undervisning
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	
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	24. februar 2025				
You	Your name: Anne Louise Nielsen				
Mar	nuscript title: Listeriainfektio	on og graviditet – en statusa	rtikel		
Mar	nuscript number (if known):			
are re third comn	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.				
	ollowing questions apply to script only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
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	m #1 below, report all sup items, the time frame for	· · · · · · · · · · · · · · · · · · ·	d in this manuscript without time limit. For all 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)				
1	e frame: Since the initial plan All support for the present				
1	manuscript (e.g., funding,	⊠ None			
	provision of study materials, medical writing,				
	article processing charges,				
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Time	Time frame: past 36 months				

Grants or contracts from

in item #1 above).

Royalties or licenses

any entity (if not indicated

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⊠ None

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert	⊠ None	
O	testimony	△ None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9 Participation on a Data			
,	Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests	Z HOIIC	

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Dat	e : 24. februar 2025		
You	r name : Hanne Katrine F	Rosbach	
Mai	nuscript title: Listeriainfektio	on og graviditet – en statusa	rtikel
Mai	nuscript number (if known):	
are ro third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup r items, the time frame for	-	d in this manuscript without time limit. For all 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	e frame: Since the initial plan		
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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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert	⊠ None	
O	testimony	△ None	
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9 Participation on a Data			
,	Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests	Z HOIIC	

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Manuscript number (if known): UFL-11-24-0767			

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		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)	
Tim	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.)	M None None		
	No time limit for this item.			

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Time frame: past 36 months				
2 G	Grants or contracts from	⊠ None		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or	⊠ None		
	pending			
9	Participation on a Data 🛮 None			
	Safety Monitoring Board	Z None		
	or Advisory Board			
10	Leadership or fiduciary	□ None		
10	role in other board,	President DSOG until		
	society, committee or	03.04.2025		
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	⊠ None		
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-financial interests	⊠ None		

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Dat	e : 24. februar 2025		
You	ı r name : Pernille Langkjær	Gormsen	
Mai	nuscript title: Listeriainfektion	on og graviditet – en statusa	rtikel
Mai	nuscript number (if known):	
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	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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		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	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Tim	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Doumont for ownert	N N	
6	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
0	pending	△ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11 Stock or stock options None		M None	
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	☑ None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	⊠ None	
	financial interests		

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You	r name: Kurt Fuursted		
Maı	nuscript title: Listeriainfektion	on og graviditet – en statusa	rtikel
Mai	nuscript number (if known):	
are ro third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou do so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
othei	ritems, the time trame for	disclosure is the past 50 i	nontris.
		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	e frame: Since the initial plan		
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	ning of the work ⊠ None	
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Time 2	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. Grants or contracts from any entity (if not indicated in item #1 above).	None None None	Click TAB in last row to add extra rows
Time	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. Grants or contracts from any entity (if not indicated	⊠ None	Click TAB in last row to add extra rows

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Doumont for ownert	N N	
6	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
0	pending	△ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11 Stock or stock options None		M None	
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	☑ None	
	materials, drugs, medical writing, gifts or other services		
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