Date	e : 11. november 2024			
You	r name: Lars Kayser			
Maı	nuscript title: Feasibi	lity of a Decentralized Clinica	al Trial in Patients with Atrial Fibrillation	
Maı	nuscript number (if known)):		
are re third comr list a	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 ist a relationship/activity/interest, it is preferable that you 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	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	m #1 below, report all suppritems, the time frame for	•	d in this manuscript without time limit. For all nonths.	
		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		
	No time limit for this item.			
			Click TAB in last row to add extra rows	
Time	Time frame: past 36 months			
2	Grants or contracts from	⊠ None		
	any entity (if not indicated in item #1 above).			
2		✓ None		
3	Royalties or licenses	⊠ None		

i		⊠ None	
	ment or honoraria for ures, presentations,	⊠ None	
	ikers bureaus,		
	uscript writing or		
educ	cational events		
	ment for expert	⊠ None	
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	oort for attending	⊠ None	
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	ents planned, issued or	⊠ None	
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	icipation on a Data	⊠ None	
	ty Monitoring Board		
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	lership or fiduciary	⊠ None	
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11 Stock	k or stock options	⊠ None	
	eipt of equipment,	⊠ None	
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	er financial or non-	⊠ None	
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 10. november 2	024				
Your name: Mohamad El-Chouli					
Manuscript title: Feasibility of a Decentralized Clinical Trial in Patients with Atrial Fibrillation					
Manuscript number (if known):					

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
Tim	e frame: Since the initial plan	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		

Click TAB in last row to add extra rows

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	⊠ None	
,	lectures, presentations,	△ NOILE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
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7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
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9	Participation on a Data	⊠ None	I
	Safety Monitoring Board or Advisory Board		
	of Advisory Board		
10	Leadership or fiduciary	⊠ None	
10	role in other board,	Z None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	△ None	T
	writing, gifts or other		
	services		
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13	Other financial or non-	⊠ None	
13	financial interests	_ ITOIIC	
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 18. november 2024			
You	r name: Mariam Elmegaa	ard		
Mai	Manuscript title: Feasibility of a Decentralized Clinical Trial in Patients with Atrial Fibrillation			
Mai	nuscript number (if known)	•		
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are re third comr list a	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" in the continuity of th		
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript dideclare all relationships with manufacturers of ot mentioned in the manuscript.	
	m #1 below, report all suppritems, 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	⊠ None		
	manuscript (e.g., funding,			
	provision of study materials, medical writing,			
	article processing charges,			
	etc.)			
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Time	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		
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4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	None
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	or riavisory 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	
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13	Other financial or non-	⊠ None
	financial interests	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 10. november 2024		
You	r name: Nina Nouhraves	h	
Mai	nuscript title: Feasibilit	ty of a Decentralized Clinical	Trial in Patients with Atrial Fibrillation
Mar	nuscript number (if known):	
are re third comn	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 In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript dideclare all relationships with manufacturers of ot mentioned in the manuscript. 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	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None ■ None None ■ None None	
	No time limit for this item.		
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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	□ None	
	lectures, presentations,	AZ	Speaker fee
	speakers bureaus,	Bayer	Speaker fee
	manuscript writing or	Buyer	Speaker rec
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
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8	Patents planned, issued or	⊠ None	
	pending		
9	9 Participation on a Data 🛛 None		
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or		
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	anpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	NOTIE	T
	writing, gifts or other		
	services		
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13	Other financial or non-	⊠ None	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 12. november 2024			
You	Your name: Signe Risom			
Ma	Manuscript title: Feasibility of a Decentralized Clinical Trial in Patients with Atrial Fibrillation			
Mai	nuscript number (if known)):		
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are re third comr list a	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo		
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perta antih In ite	The author's relationships/activities/interests should be <u>defined broadly</u> . 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	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 Non		
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Time	e frame: past 36 months			
	e frame. past 30 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	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	□ None BIOTRONIK Boston Scientific	Payment were made to my institution for travel to European Society of Cardiology conference 2024 Payment were made to my institution for travel to European Society of Cardiology conference 2023
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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 21. november 2024					
You	r name: Morten Lambert	S				
Mar	Manuscript title: Feasibility of a Decentralized Clinical Trial in Patients with Atrial Fibrillation					
	nuscript number (if known)					
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are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" in an uscript. "Related" in any be affected by the contend does not necessarily industrial indus				
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	m #1 below, report all supper 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	⊠ None				
	manuscript (e.g., funding, provision of study					
	materials, medical writing,					
	article processing charges,					
	etc.)					
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Time	e frame: past 36 months					
2	Grants or contracts from	☐ None				
	any entity (if not indicated	Helsefonden				
	in item #1 above).	Danish Heart Foundation				
3	Royalties or licenses	⊠ None				

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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 12. november 2024		
You	ı r name : Sebastian Kinnb	perg Nielsen	
Ma	nuscript title: Feasibi	ility of a Decentralized Clinica	al Trial in Patients with Atrial Fibrillation
Ma	nuscript number (if known):	
are r third comi list a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interes	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Dos/activities/interests as they relate to the current
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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)
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
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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	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
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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. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) ning of the work None	(e.g., if payments were made to you or to your institution)
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. e frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) uning of the work None	(e.g., if payments were made to you or to your institution)
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. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) ning of the work None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	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 or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or		
l	unpaid		
	<u> </u>		
11	Stock or stock options	⊠ None	
l			
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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat You	e: 05-11-2024 Ir name: Ali Al-	-Alak		
Ma	nuscript title:		lity of a Decentralized Clinica	al Trial in Patients with Atrial Fibrillation
Ma	nuscript number	(if known)):	
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	following questior uscript only.	ns apply to	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
perta	ains to the epiden	niology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
			port for the work reported disclosure is the past 36 r	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)
Tim	e frame: Since the i	nitial plan	ning of the work	
1	All support for the manuscript (e.g., f provision of study materials, medica article processing etc.)	unding,	⊠ None	
	No time limit for t	this item.		
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	e frame: past 36 mo	Jiuis		
2	Grants or contract	s from	⊠ None	

	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	₩ Molle	
4	Consulting fees	☑ None	
5	Develope and an banage via fact	⊠ None	
Э	Payment or honoraria for lectures, presentations,	M None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	⋈ None	
7	Support for attending meetings and/or travel	⋈ None	
	,		
8	Patents planned, issued or	⋈ 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	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	⊠ None	

 $oxed{\boxtimes}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 10. november 2024		
You	ı r name : Poul Jørgen Jen	num	
Mai	nuscript title: Feasibi	lity of a Decentralized Clinica	al Trial for Home-Evaluation of Sleep Apnea, Physical
Mai	nuscript number (if known):	
are re 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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript.
	rm #1 below, report all supper items, the time frame for	•	d in this manuscript without time limit. For all nonths.
		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 Non	
	No time limit for this item.		
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	⋈ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	
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4	Consulting fees	⊠ None	
5	lectures, presentations,	□ None AZ	Speaker fee
	speakers bureaus, manuscript writing or educational events	Bayer	Speaker fee
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	⊠ 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	
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other services		
13	Other financial or non-	⊠ None	
	financial interests	LI HOILC	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 11. november 2024		
You	ır name: Rune Frandsen		
Mai	nuscript title: Feasib	ility of a Decentralized Clinica	al Trial in Patients with Atrial Fibrillation
	nuscript number (if known	-	
are ro third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" lay be affected by the cont ay be affected by the cont and does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu 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, e	f hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript. 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)
Tim	e frame: Since the initial plan	-	
		ining of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,		
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4	Consulting fees	⊠ None	
5	Payment or honoraria for	☐ None	
	lectures, presentations,	Novo Nordisk	Speaker fee
	speakers bureaus,	AGB pharma	Speaker fee
	manuscript writing or	Jazz pharma	Speaker fee
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Z NOTIC	
9	Participation on a Data		
	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	
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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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	
		△ None	
7	Support for attending meetings and/or travel	⊠ None	
		Z None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
		T	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock antions	M Name	
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
		Z None	
13	Other financial or non- financial interests	⊠ None	

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