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

	ır name:	Caroline O	Ohl
Ma	nuscript title:	Udraning (	og behanaling af intentinens
Ma	nuscript number (if known		
this	related to the content of y d parties whose interests n	our manuscript. "Related" nay be affected by the cor and does not necessarily i	Il relationships/activities/interests listed below that 'means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to you do so.
	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
per ant In i	tains to the epidemiology of hypertensive medication, of tem #1 below, report all sup	of hypertension, you shoule even if that medication is	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript.
Oth	er nems, the time name to		
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	e frame: Since the initial plan	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
	e frame: Since the initial plan 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)	Specifications/Comments (e.g., if payments were made to you or to your
Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	whom you have this relationship or indicate none (add rows as needed) ning of the work	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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your
1	e frame: Since the initial plan 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) ning of the work	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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (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 testimony	None
-		
7	Support for attending meetings and/or travel	None
•	Patents planned, issued or	⊠ None
8	pending	JA None
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society,	⊠None
	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- financial interests	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.

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:	C9/26/2022			
Your Name:	Robert Skjøtt Larsen	Robert Skjøtt Larsen		
Manuscript Title:	Udredning og behandling af inkontinens			
Manuscript Number (if	known):			
content of your manuscraffected by the content indicate a bias. If you are the author's relationship epidemiology of hyperte that medication is not much that much that medication is not much that much t	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		
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	Click the tab key to add additional rows.		

contracts from any entity (if not indicated in item #1 above).

3 Royalties or licenses

4 Consulting fees

None

None

None

 $\boxtimes$ 

Grants or

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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	□ None  Ipsen  Olympus  Olympus and Storz	Scientific meeting in department, September 2022 Endourologic workshop module 1 and 2, May 2022 Education day in department, June 2021
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{			

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

Date	<b>e</b> : 25. september 2022				
You	Your name: Charlotte Graugaard-Jensen				
Mar	Manuscript title: Udredning og behandling af inkontinens				
Mar	nuscript number (if known)	):			
are re third comr list a The f	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	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.  ps/activities/interests as they relate to the current		
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 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)		
Time	e frame: Since the initial plan	nning of the work			
1	All support for the present	None     Non			
	manuscript (e.g., funding,				
	provision of study				
	materials, medical writing, article processing charges, etc.)				
	No time limit for this				
	item.				
			Click TAB in last row to add extra rows		
Time	e frame: past 36 months				
2	Grants or contracts from	None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None     Non			

4	Consulting fees	None     Non		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Astellas AS Abbvie	Speaker Speaker ultimo 2022/2023	
6	Payment for expert	☑ None		
	testimony			
7	Support for attending	□ None		
	meetings and/or travel	Medtronic	Educational course February 2023	
8	Patents planned, issued or			
	pending	2 110110		
9	Participation on a Data	None     Non		
	Safety Monitoring Board or Advisory Board			
	OI AUVISOLY BOATU			
10	Leadership or fiduciary	None     Non		
	role in other board, society, committee or			
	advocacy group, paid or			
	unpaid			
4.1				
11	Stock or stock options			
12	Receipt of equipment, materials, drugs, medical			
	writing, gifts or other			
	services			
10	Other financial and			
13	Other financial or non- financial interests			
	ilitaliciai litterests			

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.

#### 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.

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

Date: 30. september 20.	22				
Your name: Margrethe Andersen					
Manuscript title:	Udredning og behandling af i	nkontinens hos kvinder og mænd			
Manuscript number (if k	nown):				
are related to the content third parties whose intere- commitment to transpare	t of your manuscript. "Related"   ests may be affected by the cont	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.			
The following questions a manuscript only.	pply to the author's relationship	os/activities/interests as they relate to the <u>current</u>			
pertains to the epidemiol	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)			

Click TAB in last row to add extra rows

			Click TAB in last row to add extra rows		
Tim	Time frame: past 36 months				
2	Grants or contracts from				
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None     Non			

Time frame: Since the initial planning of the work

☑ None

All support for the present

manuscript (e.g., funding, provision of study

materials, medical writing, article processing charges,

No time limit for this

etc.)

item.

4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Astellas	Lectures, presentation
6	Payment for expert testimony	□ None Styrelsen for patientklager	
7	Support for attending meetings and/or travel	None     Non	
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  Dansk Urologisk Selskab	Formand for benign LUTS gruppe  Medlem som hovedkurusleder i DUS  uddannelseudvalg
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None     Non	

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.

#### 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.

