

ICMJE DISCLOSURE FORM

Date: 11/28/2022

Your Name: Annette Dam Fialla

Manuscript Title: Hepatiske arteriovenøse malformationer ved hereditær hæmoragisk telangiectasi

Manuscript Number (if known): Click or tap here to enter text.

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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 904 1485 1003"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1115 1485 1214"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1326 1485 1424"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1536 1485 1635"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1715 1485 1814"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

20-11-2022 

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Person / Institution

Bidrag

ICMJE DISCLOSURE FORM

Date: 11/28/2022

Your Name: Anette Drøhse Kjeldsen

Manuscript Title: **Manifestationer af hepatiske arteriovenøse malformationer ved hereditær hæmorigisk telangiectasi**

Manuscript Number (if known): [Click or tap here to enter text.]

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Member of Cure HHT scientific Board	No payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member of European network for Vascular diseases Vascern	No payment

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ICMJE DISCLOSURE FORM

Date: 11/28/2022

Your Name: Jens Kjeldsen

Manuscript Title: Manifestationer af hepatiske arteriovenøse malformationer ved hereditær hæmorigisk telangiectasi

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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ICMJE DISCLOSURE FORM

Date: 11/29/2022

Your Name: Mikael Kjær Poulsen

Manuscript Title: Manifestationer af hepatiske arteriovenøse malformationer ved hereditær hæmorigisk telangiectasi

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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Date: 12/5/2022

Your Name: Pernille Darre Haahr

Manuscript Title: **Manifestationer af hepatiske arteriovenøse malformationer ved hereditær hæmorigisk telangiectasi**

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