

ICMJE DISCLOSURE FORM

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Date: 15-12-2022

Your name: Andreas Røder

Manuscript title: Fourniers gangræn hos ung, rask mand efter orkiektomi

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 current manuscript only.

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			
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.	<input checked="" type="checkbox"/> None	

Click TAB in last row to add extra rows

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Pfizer A/S	Research grant. Translational research "DNA of Prostate Cancer"
		Novo Nordisk Foundation	Research grant. Kidney transplantation
		Danish Cancer Society	Research grant. Late effects of Prostate Cancer treatment
		Alfred Benzon Foundation	Research Grant. Prostate artery embolization vs. transurethral microwave therapy.

	Medtronic		Research contract Hugo RAS surgical system
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bayer A/S	
		Pfizer A/S	
		Astellas A/S	
		Orion Pharma	
		Recordati A/S	
		Århus Universitet	
		Janssen	
		MSD	
		Lægernes Uddannelsesforening	
		Sundhedsstyrelsen	
		Region Hovedstaden	
Astra-Zeneca			
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Astellas Pharma	
		Janssen	
		Ipsen	
		Intuitive	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		MSD	
		Astra-Zeneca	
		Janssen	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical	<input checked="" type="checkbox"/> None	

	writing, gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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ICMJE DISCLOSURE FORM

Date: 12/13/2022

Your Name: Jakob Mejdahl Bentin

Manuscript Title: Fourniers gangræn hos ung, rask mand efter orkiektomi

Manuscript Number (if known): UFL-12-22-0757

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 12/18/2022

Your Name: Trine Møller Rudlang

Manuscript Title: Fourniers gangræn hos ung, rask mand efter orkiektomi

Manuscript Number (if known): UFL 12-22-0757

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