Dat	e: 15. december 2022		
You	r name: Ida Arentz Tara	ldsen	
	nuscript title: Automa iovascular disease - a random		administration for patients admitted with acute
Mar	nuscript number (if known):	
are re third comr list a The f	elated to the content of yo 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	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.		
			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	M INOLIC	
	in item #1 above).		
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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 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		ND	
Mai	nuscript title: Automa	ated vs. manual oxygen adr	ninistration for patients admitted with acute
Mai	nuscript number (if known):	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the connd 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 adicate 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	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is r port for the work reporte	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript. Indied 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	ning of the work	
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.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		ondictivity in fact to the data out a total
111110	e traine: past 50 months		
2	Grants or contracts from	□ None	
	any antity (if not indicated	Alfred Benzon	Research grant for other research
	any entity (if not indicated in item #1 above).	foundation	Research grant for other research
			Research grant for other research
3		foundation Danish Cardiovasular	

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

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Dat	e: 15. december 2022				
You	r name: Ejvind Frausing	Hansen			
Mai	Manuscript title: Automated versus manual oxygen administration for patients admitted with acute				
Mai	nuscript number (if known):			
are rothird comress and the following the fo	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interestionship/activity/interestionships questions apply to ascript only. Buthor's relationships/activities to the epidemiology of hypertensive medication, experienced and the content of the second properties of the content of the epidemiology of the second properties of the epidemiology of the content of the epidemiology of the epidemiol	ur manuscript. "Related" ay be affected by the continuous not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should yen if that medication is not not for the work reporter	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
othei	i items, the time frame for	uisclosure 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	ning of the work			
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.				
			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			
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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	⊠ None	
-			
9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
	,		
10	Leadership or fiduciary	☐ None	
	role in other board,	O2matic Aps	Member of the board
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	□ None	
		O2matic Aps	Hold shares in the company
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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Date	e: 19. december 2022				
You	Your name: Jasmin Dam Lukoschewitz				
	Manuscript title: Automated vs. manual oxygen administration for patients admitted with				
	acute cardiovascular disease - a randomized, controlled pilot-trial				
Mai	nuscript number (if known):			
are re third comr	elated to the content of you parties whose interests ma	ur manuscript. "Related" i 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 u 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	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 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.)				
	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	S Name			
2	any entity (if not indicated	⊠ None			
	in item #1 above).				
3	Royalties or licenses	⊠ None			

4	Consulting fees	None Non	
5	5 Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
	eddottorial 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 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	
	Stock of Stock options	Z None	
12	Receipt of equipment,	☑ None	
	materials, drugs, medical		
	writing, gifts or other services		
	JOI VICOS		
13	Other financial or	☑ None	
	non-financial interests		

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Dat	e: 20. december 2022		
You	Ir name: Jens Dahlgaard	Hove	
Ma	nuscript title : Automated v	rs. manual oxygen admini	stration for patients admitted with acute
Ma	nuscript number (if known)):	
are r third comr list a The f	elated to the content of you parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the control 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. OS/activities/interests as they relate to the current
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 reporte	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)
Tim	e frame: Since the initial plan	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim 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)	(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 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.	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
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)
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.	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) Click TAB in last row to add extra rows The Gangsted Foundation Sygeforsikringen "Danmark"
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) Click TAB in last row to add extra rows The Gangsted Foundation

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	Advisory Board for Astra Zeneca (4hours)
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	Nucleus member in 'Digital Health' nucleus under the Danish Society of Cardiology: Unpaid
11	Stock or stock options	□ None	
			Board Member and stock owner of the company O2matic. Smaller (lossgiving) stock holdings in other companies.
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	None	

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