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

Dat	e: Klik ell	er tryk for at angiv	e en dato.	
You	ır name:	Marie-Louise Kja	ærgaard Kjær	
Mai	nuscript ti	t le : Opfølgi	ningsprogrammer for patien	ter med galdeblærepolypper
Maı	nuscript nı	umber (if known): UFL-12-22-0770	
are re third comr list a	elated to to parties wh mitment to relationsh	he content of yo nose interests ma transparency ar ip/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. Discriptions/interests as they relate to the current
<u>manı</u>	uscript only	<u>V</u> .		
perta antih In ite	ains to the hypertensivers are the second se	epidemiology of re medication, ev w, report all sup	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.
othei	r items, the	e time frame for	disclosure is the past 36 r	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		nce the initial plan	ning of the work	
1	manuscrip provision materials,	t for the present ot (e.g., funding, of study medical writing, cessing charges,	⊠ None	
	No time li	mit for this		
				Click TAB in last row to add extra rows
Tim	e frame: pa	st 36 months		
2		contracts from	⋈ None	
	any entity in item #1	(if not indicated above).		
3	Royalties	,	⊠ 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
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

 $oxed{\boxtimes}$ 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

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.

Dat	Date: Klik eller tryk for at angive en dato.			
You	Your name: Christian Pállson Nolsøe			
Mai	nuscript title: Opfølgn	ningsprogrammer for patiente	r med galdeblærepolypper	
Mai	nuscript number (if known)	: UFL-12-22-0770		
thir com list	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</u>			
mar	nuscript only.			
per	tains to the epidemiology o	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	rem #1 below, report all sup er 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None		
L				
	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).			
2	·	N N		
3 Royalties or licenses ☑ None				

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
4	Payment for expert	No.
6	testimony	⊠ None
7	Support for attending	None Non
,	meetings and/or travel	Notice
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	⊠ None
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None Non
	Stock of Stock options	EZ MONG
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other services	
	261 AICG2	
13	Other financial or non-	⊠ None
	financial interests	

 \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

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. marts 2023				
Your name: Frederik Helgstrand				
Manuscript title: Opfølgningsprogrammer for patienter med galdeblærepolypper				
Manuscript number (if known): UFL-12-22-0770				

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</u> <u>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 any entity (if not indicated in item #1 above).	☑ None		
3	Royalties or licenses	⊠ None		

4	Consulting fees	☐ None	
		Speaker Fee	Intuitive, Medtronic, Gore/VingMed
		Speaker Fee	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None	
	manuscript writing or		
	educational events		
6	Payment for expert	Na.	
О	testimony	☑ None	T
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Z None	
_		 	
9	Participation on a Data Safety Monitoring Board	☑ None	T
	or Advisory Board		
	or Advisory Bodia		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
	апрага		
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		

 $oxed{\boxtimes}$ 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

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: 17. marts 2023	Date: 17. marts 2023			
Your name: Liv Willer Erritzøe				
Manuscript title: Opfølgningsprogrammer for patienter med galdeblærepolypper				
Manuscript number (if known): UFL-12-22-0770				

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.

Tim	e frame: Since the initial plar	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)
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.	⊠ None	

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	☑ None		
	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
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

 $oxed{\boxtimes}$ 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

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