## **ICMJE DISCLOSURE FORM**

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Date: 16. april 2023		
Your name:	Lars Kristian Munck	
Manuscript title	: BAD or not	
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 <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.

Time frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) ming of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
<ol> <li>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)</li> <li>No time limit for this item.</li> </ol>	⊠ None	

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## Time frame: past 36 months

2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
	·	•	
3 Royalties or licenses X None			

4	Consulting fees	🖾 None
5	Payment or honoraria for	⊠ None
	lectures, presentations, speakers bureaus, manuscript writing or	
	educational events	
	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	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	🖾 None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	⊠ None
	convicos	
	services	
13	services Other financial or non-	⊠ None
13		⊠ None

Please place an "X" next to the following statement to indicate your agreement:

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