Dat	<b>e</b> : 19. oktober 2023		
You	ı <b>r name</b> : Sebastian Vi	gand Svendsen	
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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 supper items, the time frame for	·	d in this manuscript without time limit. For all nonths.
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2	Grants or contracts from any entity (if not indicated	<b>⊠</b> None	
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3	Royalties or licenses	<b>⊠</b> None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
	eddedional events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	M Name	
٥	pending	⊠ None	
	penamg		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
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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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Mai	nuscript title: Cimex	x lectularius	
Mai	nuscript number (if known	):	
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perta antih In ite	ains to the epidemiology of sypertensive medication, ex	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)
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6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
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9	Participation on a Data	⊠ None	
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10	Leadership or fiduciary	⊠ None	
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Mai	nuscript title: Cime	x lectularius	
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		Name all entities with	Specifications/Comments
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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.)	⊠ None	
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	any entity (if not indicated		
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3	Royalties or licenses	<b>⊠</b> None	

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10	Leadership or fiduciary	⊠ None	
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	advocacy group, paid or unpaid		
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are r third comi	elated to the content of yo parties whose interests ma	ur manuscript. "Related" 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou do so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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		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)
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	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) ning of the work	(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, etc.)  No time limit for this	whom you have this relationship or indicate none (add rows as needed) ning 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) ning 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) ning of the work	(e.g., if payments were made to you or to your institution)
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Tim	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 in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Ining of the work  None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert	⊠ None	
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7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
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8	Patents planned, issued or pending	<b>⊠</b> None	
	pending		
9	Participation on a Data	<b>⊠</b> None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
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11	Stock or stock options	<b>⊠</b> None	
43	Descript of an incident		
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other services		
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	financial interests		

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