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

Date: 6. november 2023			
Your name: Johannes Grand			
Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric Sensing			
Manuscript number (if known):			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that			

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	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	
	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	⊠ None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	⊠ None		

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
8	Datants planned issued or	M Nama	
٥	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Of 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,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		_
	services		
13	Other financial or non-	⊠ None	
	financial interests	LI HOIIC	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 10. november 2023		
You	r name: Nicolai B Foss		
Mar	nuscript title:The acute effec	cts of furosemide in acute he	eart failure assessed by Remote Dielectric Sensing
Mar	nuscript number (if known):	
are re third comn 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. Dis/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 I 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)
	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	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		Click 1715 III last 16W to dad extra 16Ws
HIIIK	e frame, past 30 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	
5	Payment or honoraria for lectures, presentations,	□ None Masimo	Speaker fee
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
,	meetings and/or travel	ZZ NOTIE	
	,		
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,	Z None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
11	Stock of Stock options	M NUILE	
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

Date	e: 7. november 2023		
You	r name: Ekim Seven		
Mar	nuscript title: The acute ef	fects of furosemide in ac	ute heart failure assessed by Remote Dielectric
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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 cent 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	ins to the epidemiology of ypertensive 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)
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.)		
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	item.		
			Click TAB in last row to add extra rows
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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		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
8	Datants planned issued or	M Nama	
٥	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Of 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,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		_
	services		
13	Other financial or non-	⊠ None	
	financial interests	LI HOIIC	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 7. november 2023		
You	r name: Frederik Holm G	Grund Pedersen	
Mai	nuscript titleThe acute effe	ects of furosemide in acute	e heart failure assessed by Remote Dielectric
	nuscript number (if known		· · · · · · · · · · · · · · · · · · ·
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are ro third comr	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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu 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 sup r items, the time frame for	·	d in this manuscript without time limit. For all nonths.
		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		
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
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	No time limit for this item.		
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Tim	e frame: past 36 months		
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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	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
8	Datants planned issued or	M Nama	
٥	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Of 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,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		_
	services		
13	Other financial or non-	⊠ None	
	financial interests	LI HOIIC	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 6. november 2023		
You	ır name: Jens Dahlgaa	ard Hove	
Ma	nuscript title: The acute ef	fects of furosemide in acu	ite heart failure assessed by Remote Dielectric
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Ma	nuscript number (if known):	
are r third comi list a The f	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interes	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. Dos/activities/interests as they relate to the current
perta antih In ite	ains to the epidemiology of hypertensive medication, evaluation	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	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	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	
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	☑ None	
	i any entity ut not indicated	i	
	in item #1 above).		

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	
pen	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
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		

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

Date: 6. november 2023
Your name:
Jasmin Dam Lukoschewitz
Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric Sensing (ReDS)
Manuscript number (if known):
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below th

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.

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	No time limit for this		
	item.		

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2	Grants or contracts from	☑ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	
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	lo lii t	l e	
4	Consulting fees	■ None	
		Ι	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	☑ None	
	testimony		
	<u> </u>	<u> </u>	
7	Support for attending	⋈ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
8	Patents planned, issued or pending	⊠ None	
8	Patents planned, issued or pending	⊠ None	
8		⊠ None	
8	pending		
	pending Participation on a Data	⊠ None ⊠ None	
	pending Participation on a Data Safety Monitoring Board		
	pending Participation on a Data		
	pending Participation on a Data Safety Monitoring Board	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary		
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board,	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	⊠ None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None None None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	None None None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None None None None None	
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None None None None None	
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None None None None	

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

Date: 6. november 2023
Your name:
Nora Olsen El Caidi
Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric Sensing (ReDS)
Manuscript number (if known):
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below th

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.

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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)
Tim	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.)	⊠ None	
	No time limit for this		
	item.		

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2	Grants or contracts from	☑ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	☑ None	
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	lo lii t	l e	
4	Consulting fees	■ None	
		Ι	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	☑ None	
	testimony		
	<u> </u>	<u> </u>	
7	Support for attending	⋈ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
8	Patents planned, issued or pending	⊠ None	
8	Patents planned, issued or pending	⊠ None	
8		⊠ None	
8	pending		
	pending Participation on a Data	⊠ None ⊠ None	
	pending Participation on a Data Safety Monitoring Board		
	pending Participation on a Data		
	pending Participation on a Data Safety Monitoring Board	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary		
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board,	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	⊠ None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None None None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	None None None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None None None None None	
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None None None None	
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None None None None None	
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None None None None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 12. november 2023		
You	r name: Olav W Nielsen		
Ma	nuscript title: The a	cute effects of furosem	nide on pulmonary congestion in patients
wit	h acute heart failure as:	sessed by Remote Diele	ectric Sensing (ReDS): Protocol for a
pro	spective interventional	study.	
Ma	nuscript number (if known):	
are rethird communist a The finance The aperta antih	elated to the content of yo parties whose interests maitment to transparency at relationship/activity/interestions apply to uscript only. Buthor's relationships/activities to the epidemiology of the epidem	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship rities/interests should be go hypertension, you should you if that medication is not port for the work reporter	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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)
	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding,	⊠ None	
	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		
2	Grants or contracts from	□ None	
	any entity (if not indicated	- None	Novo Nordisk fonden
	in item #1 above).		
3	Royalties or licenses	M None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	eddedional events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Z None	
9	Participation on a Data	⊠ None	
	Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Loodorship or fiducions		
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	☐ None	
	TITON OF STORY	Merck, Novo Nordisk	
		,	
12	Possint of aguinment	M None	
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other services		
13	Other financial or non-	□ None	
13	other financial or non- financial interests	☐ None	Fully employed by Novo Nordisk since 1 Feb 2023
			Tany employed by Novo Nordisk since I reb 2025

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

	e : 5/12-23		
You	r name: Morten Pederse	n	
Mai	nuscript title: The acute	e effects of furosemide	e on pulmonary congestion in patients
Mai	nuscript number (if known):	
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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)
Time		needed)	
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4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
3	lectures, presentations,	Notice
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
,	meetings and/or travel	△ None
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8	Patents planned, issued or	⊠ None
	pending	
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9	Participation on a Data Safety Monitoring Board	⊠ None
	or Advisory Board	
	Of 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,	⊠ None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	
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Шı	certify that I have answere	ed every question and have not altered the wording of any of the
ques	tions on this form.	

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

Date: 1. december 2023			
Your name: Ulrik Dixen			
Manuscript title: The acute effects of furosemide on pulmonary congestion in patients with acute heart failure			
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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

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Time frame: past 36 months					
any entity (Grants or contracts from	⊠ None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	⊠ None			

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests	4	Consulting fees	⊠ None		
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🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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