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Date	e : 1. januar 2022		
You	r name: Berit Enggaard	Kaae	
	nuscript title:		
		1.	
iviai	nuscript number (if known):	
are ro 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 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. 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 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.)		
	No time limit for this		
	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	
۷	any entity (if not indicated	☐ None	PLU-fonden: Midler til udvikling af projekt omkring
	any chility (ii not maicated		
	in item #1 above).		Social Prescribing Vesterbro-Sydhavnen
	T T		
3	in item #1 above).	⊠ None	
3	T T	⊠ None	

4	Consulting fees		
			Bestyrelsesmedlem klyngen Sydvest
			Redaktør hjemmeside Klyngensydvest/intras.dk
5	Dayment or honoraria for	□ None	
3	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	□ None	DLO F adelilliga kursar as procentationer
			PLO-E adskillige kurser og præsentationer Vingave fra Ugeskrift for læger som tak for
			boganmeldelser
	educational events		boganneraciser
	Daywa and far average		
6	Payment for expert testimony	⊠ None	1
	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	△ None	1
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or advocacy group, paid or unpaid		
	- P		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
12	Receipt of equipment, materials, drugs, medical	⊠ None	
12	materials, drugs, medical writing, gifts or other	⊠ None	
12	materials, drugs, medical	⊠ None	
	materials, drugs, medical writing, gifts or other services		
12	materials, drugs, medical writing, gifts or other services Other financial or non-	None None None None	
	materials, drugs, medical writing, gifts or other services		

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

🛛 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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Date : 24. oktober 2022			
Your name : Markus Fally, ORCID 0000-0002-1339-2918			
Manuscript title: N/A			
Manuscript number (if known): N/A			

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 initia	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 premanuscript (e.g., fund provision of study materials, medical wriarticle processing charetc.) No time limit for this item.	ing, None	

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Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None		
		The Capital Region of Denmark's Research Fund 2021	Grant number A7078 for the postdoc project Epidemiological Research in Respiratory Infection in the Nordics (epiPIN)	
3	Royalties or licenses	⊠ None		

4	Consulting fees	□ None	
		eLaegen.dk	Consultant in respiratory medicine at Roskilde and Næstved Hospital
		Medflex.dk	Consultant in emergency medicine at Køge Hospital
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	☐ None	
	meetings and/or travel	Patient Safety Conference 2021 Copenhagen	Attendance sponsored by the Danish Society for Patient Safety
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary	□ None	
	role in other board, society, committee or advocacy group, paid or unpaid	Doctors without Sponsors Denmark	Board member
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-	□ None	
	financial interests	European Respiratory Society (ERS) Clinical Practice Guideline Methodology Network	Member/methodologist

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