

# ICMJE DISCLOSURE FORM

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**Date:** 17. maj 2024

**Your name:** Morten Schjørring Opstrup

**Manuscript title:** Allergisk reaktion udløst af græshoppe

**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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	

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## Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		ALK-Abelló	Senior Medical Scientist in Global Medical Sciences
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		ALK-Abelló	Consultant in Global Medical Sciences
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		Stallergens	Participation in the EAACI congress in 2024
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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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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**Your name:** John Hilligsøe Heinig

**Manuscript title:** Allergisk reaktion udløst af græshoppe

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**Date:** 17. maj 2024

**Your name:** Zsuzsa Andrea Domokos

**Manuscript title:** Allergisk reaktion udløst af græshoppe

**Manuscript number (if known):**

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Astra-Zeneca	Specialist meeting about food allergy in Feb 2024
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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