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Date : 9. juli 2024					
Your name:	Anna Maria Kastner				
Manuscript ti	Behandling ved truende graviditetstab - statusartikel				
Manuscript n	umber (if known): UFL-04-24-0250				

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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	e frame: Since the initial plar	nning 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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Tim	ne 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 lectures, presentations,	⊠ None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board,	⊠ 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	⊠ None
. 04	writing, gifts or other services	
13	Other financial or non- financial interests	⊠ None

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Dat	te: Klik eller tryk for a	t angive en dato. 10-07	7-2024
You	ur name: Cecilia Lindnér		
Ma	nuscript title: Behan	dling ved truende graviditet	stab - statusartikel
Ma	nuscript number (if known): UFL-04-24-0250	
are r third com	related to the content of your diparties whose interests m	our manuscript. "Related" ay be affected by the con nd does not necessarily in	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so.
	following questions apply touscript only.	o the author's relationsh	ps/activities/interests as they relate to the <u>current</u>
pert antil	ains to the epidemiology of hypertensive medication, e	f hypertension, you shoul ven if that medication is i	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	em #1 below, report all sup er items, the time frame for		ed 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)
Tim	ne 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.) No time limit for this item.	None	
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Tim	ne frame: past 36 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, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
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

| 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:	Ida Behrendt-Møller		
Manuscript ti	tle:	Behandling ved truende graviditetstab - statusartikel	

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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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4	Consulting fees	⊠ None
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 meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
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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_	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) nning 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.)	whom you have this relationship or indicate none (add rows as needed) nning of the work	(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	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
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	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) nning of the work None	(e.g., if payments were made to you or to your institution)
im	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	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
im	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) nning of the work None	(e.g., if payments were made to you or to your institution)
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4	Consulting fees	None	
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5	Payment or honoraria for	None None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	1	
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5	Payment for expert	None	
	testimony	7	
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,	Support for attending	None	
'	meetings and/or travel	None	From 150G to attend Meeting
	meetings and/or traver		In Ny borg.
			III NO BOLT.
8	Patents planned, issued or	None	
	pending	,	
9	Participation on a Data	™ None	
	Safety Monitoring Board	-1	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,	7	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	☑ None	
		7	
12	Receipt of equipment,	None	
	materials, drugs, medical	THORE	
	writing, gifts or other		
	services		
13	Other financial or non-	More	
13	financial interests	None	
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Date: 13, juli 2024						
Your name: Maria	Your name: Maria Uggen Rasmussen					
Manuscript title:	Behandling ved truende graviditetstab - statusartikel					
Manuscript number	(if known): UFL-04-24-0250					

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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	e frame: Since the initial plar	nning of the work	
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Tim	Time frame: past 36 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	⊠ None
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
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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Date: 11. juli 2	Date: 11. juli 2024		
Your name:	Eqbal Baddai Laibi Alfuraiji		
Manuscript title	Behandling ved truende graviditetstab - statusartikel		
Manuscript nur	nber (if known): UFL-04-24-0250		

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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Tin	ne frame: Since the initial plar	nning of the work	
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	⊠ None	
	item.		Click TAB in last row to add extra rows
Tim	ne frame: past 36 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
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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 meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non
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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You	ur name: Tine Wrønding		
Ma	nuscript title: Behan	dling ved truende graviditet	stab - statusartikel
Ma	nuscript number (if known): UFL-04-24-0250	
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	em #1 below, report all sup er items, the time frame for		ed 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)
Tim	ne frame: Since the initial plar		A Transport of the last
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.		
Tim	ne frame: past 36 months		Click TAB in last row to add extra row
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	Unrestricted research grant from Freya Biosciences Aps.
3	Royalties or licenses	⊠ None	
J			

4	Consulting fees	⊠ None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Gedeon Richter paid lecture 2023 and 2024
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
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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Your name:	Emma Råsmark Røpke	
Manuscript ti	itle: Behandling ved truende graviditetstab - statusartikel	

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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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1	All support for the present manuscript (e.g., funding, provision of study	⊠ None	
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	No time limit for this item.		

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Tim	ne frame: past 36 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, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
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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Date : 24. oktober 2023			
Your name: Kilian	n Vomstein		
Manuscript title:	Behandling ved truende graviditetstab - statusartikel		
Manuscript number	r (if known): UFL-04-24-0250		

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Tim	e frame: past 36 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, speakers bureaus, manuscript writing or educational events	□ None
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		Gedeon Richter
	educational events	
6	Payment for expert testimony	⊠ None
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 or Advisory 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
11	Stock of Stock options	M Notice
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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Dat	te: 11. juli 2024		
You	ur name: Tanja Schlaikjæ	er Hartwig	
Ma	nuscript title: Behan	dling ved truende graviditet	stab - statusartikel
Ma	nuscript number (if known): UFL-04-24-0250	
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		none (add rows as needed)	
Tim	le frame: Since the initial plar		
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	No time limit for this item.		
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	
3	Royalties or licenses	⊠ None	

Consulting fees	⊠ None		
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None		
	Speaker hororarium	Gedeon Richter	
Payment for expert testimony	⊠ None		
Support for attending	☐ None		
meetings and/or travel	Invited speaker	ESHRE	
Patents planned, issued or pending	⊠ None		
Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None		
	Unpaid board member	Patient organization 'Fertilitet og tab'	
Stock or stock options	⊠ None		
Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
Other financial or non- financial interests	⊠ None		
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