Dat	e: 18. juni 2025		
You	ır name: Ramon Gordon	Jensen	
Mai	nuscript title: Implai	nterbare høreapparater	
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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 pla		
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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Tim	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	1	⊠ None	
3	in item #1 above).	⊠ None	

4	onsulting fees	⊠ None	
5	Payment or honoraria for	☐ None	
	lectures, presentations,		Honaria for lecture from Cochlear
	speakers bureaus,		
	manuscript writing or educational events		
	eddedional events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	☐ None	
	meetings and/or travel		From Oticon Medical and Cochlear
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
10	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	EX ITOIIC	
	writing, gifts or other		
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13	Other financial or non-	⊠ None	
	financial interests	Z I I I I I	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 17. juni 2025		
You	ır name: Niels Cramer W	est	
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	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
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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) nning of the work	(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	Consultant as a teacher within ENT
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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 19. juni 2025		
You	ı r name : Sune Land Bloc	 n	
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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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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		
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/	Support for attending meetings and/or travel	⊠ None	
	meetings and/or traver		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
,	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board, society, committee or		
	advocacy group, paid or		
	advocacy group, paid or unpaid		
	anpara		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	□ None	
	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 : 18. august 2025				
Your name: Søren Foghsgaard				
Manuscript title: Implanterbare høreapparater				
Manuscript number (if known): 05250392				

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.

		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.		

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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	
6	Payment for expert	⊠ None
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7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
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9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
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10	Leadership or fiduciary	⊠ None
	role in other board,	
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11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
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	writing, gifts or other	
	services	
13	Other financial or non- financial interests	⊠ None
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 8. maj 2025		
You	ır name: Per Caye-Tho	omasen	
Mai	nuscript title: Impla	ntérbare høreapparater	
Mai	nuscript number (if knowr	າ):	
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	following questions apply tuscript only.	to 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) nning of the work	(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	⊠ 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	Patents planned, issued or	N N	
٥	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		

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Date	e : 1. juli 2025		
You	r name: Martin Reznits	ky	
Mar	nuscript title: Impl	anterbare høreapparater	
Mar	nuscript number (if know	n):	
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Time	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			
	educational events				
6	Payment for expert	⊠ None			
	testimony				
7	Support for attending	⊠ None			
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	of Auvisory Bourd				
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			
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13	Other financial or non- financial interests	⊠ 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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		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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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 lectures, presentations, speakers bureaus, manuscript writing or	⊠ None	
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
0	pending	None	
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
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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	Pecaint of equipment	⊠ None	
14	Receipt of equipment, materials, drugs, medical writing, gifts or other services	M NOTE	
13	Other financial or non- financial interests	⊠ None	

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Date	e : 18. juni 2025		
You	r name: Michael Bille		
		terbare høreapparater	
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iviar	nuscript number (if known):	
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 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
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		Name all entities with	Specifications/Comments
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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,		
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	in item #1 above).		jeg er principal investigator, har modtaget en
			donation fra Cochlear.
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	None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel			
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8	Patents planned, issued or pending	⊠ None		
	pending			
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			
11	Stock or stock options	⊠ None		
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12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other services			
13	Other financial or non- financial interests	⊠ None		

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