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Date : 5. maj 202	25			
Your name:	Your name: Camilla Lykke			
Manuscript title: Advance Care Planning til børn og unge med livstruende eller livsbegrænsende sygdom				
Manuscript number (if known): UFL-02-25-0105				

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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 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.		

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 lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None			
6	Payment for expert	⊠ None			
O	testimony	⊠ None			
	,				
7	Support for attending	⊠ None			
	meetings and/or travel				
0	Datasta slaves discussion				
8	Patents planned, issued or pending	⊠ None			
	pending				
9	Participation on a Data	⊠ None			
	Safety Monitoring Board				
	or Advisory Board				
10	.0 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None			
	unpaid				
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11	Stock or stock options	⊠ None			
42	Descript of annihum and				
12	Receipt of equipment,	⊠ None			
	materials, drugs, medical writing, gifts or other				
	services				
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13	Other financial or non-	⊠ None			
	financial interests				

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Date:	8. maj 2025			
Your na	ame: Met	te Kjærgaard Nielsen		
Manus	Manuscript title: Advance Care Planning til børn og unge med livstruende eller livsbegrænsende sygdom			
Manuscript number (if known): UFL-02-25-0105				

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	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 advocary 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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11 Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services None None					
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writing, gifts or other services 13 Other financial or non- None	12		⊠ None		
services 13 Other financial or non- None					
13 Other financial or non- None					
	<u> </u>				
financial interests	13		⊠ None		
		financial interests			

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Dat	e : 10. maj 2025		
You	r name: Mette Asbjørn N	leergaard	
Mai	nuscript title: Advance	ce Care Planning til børn og	unge med livstruende eller livsbegrænsende sygdom
Mai	nuscript number (if known): UFL-02-25-0105	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the connot does not necessarily in	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.
	following questions apply to uscript only.	o the author's relationshi	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 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	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.		
		l	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 Kræftens Bekæmpelse	R327-A18930, R347-A19824, R393-A23485

in item #1 above).

Royalties or licenses

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Region Midt

⊠ 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		
	pending	23 None		
9	Participation on a Data Safety Monitoring Board	⊠ None		
	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		
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 : 6. maj 2025				
Your name: Thomas Nørrelykke Nissen				
Manuscript title: Advance Care Planning til børn og unge med livstruende eller livsbegrænsende sygdom				
Manuscript number (if known): UFL-02-25-0105				

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Tim	Time frame: past 36 months			
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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	⊠ None
	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	
	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
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: 1	0. maj 202	25		
Your nam	Your name: Signe Hoff Kobborg Larsen			
Manuscri	Manuscript title: Advance Care Planning til børn og unge med livstruende eller livsbegrænsende sygdom			
Manuscript number (if known): UFL-02-25-0105				

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5	Payment or honoraria for lectures, presentations,	⊠ None
	speakers bureaus,	
	manuscript writing or educational events	
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6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	M Name
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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	
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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
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Date : 5/5	2025			
Your name	Your name: Katrine Mose Sannerum			
Manuscrip	Manuscript title: Advance Care Planning til børn og unge med livstruende eller livsbegrænsende sygdom			
Manuscript number (if known): UFL-02-25-0105				

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13	Other financial or non- financial interests	⊠ None

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Date : 6. maj 2025			
Your name: Louise Engelbrecht Buur			
Manuscript title: Advance Care Planning til børn og unge med livstruende eller livsbegrænsende sygdom			
Manuscript number (if known): UFL-02-25-0105			

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7	Support for attending meetings and/or travel	⊠ None	
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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	
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11	Stock or stock options	⊠ None	
42			
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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