

ICMJE DISCLOSURE FORM

Date: 10/20/2025

Your Name: Christian Wejse

Manuscript Title: Helbredsrunderinger af ukrainske flygtninge – fra beredskab til evidensbaseret praksis

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 author's relationships/activities/interests should be defined broadly. 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.

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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)						
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.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Novo Nordisk Foundation:</td> <td>5 mio kr for 'CohereMig - Coherence and co-creation in patient care coordination for migrant patients'. NNF23OC0082779</td> </tr> <tr> <td>Innovation Foundation</td> <td>24.5 mio kr for 'Saliva-based sOlution foR TB diagnosis (SORTS)', IFD 3146-00019B.</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	Novo Nordisk Foundation:	5 mio kr for 'CohereMig - Coherence and co-creation in patient care coordination for migrant patients'. NNF23OC0082779	Innovation Foundation	24.5 mio kr for 'Saliva-based sOlution foR TB diagnosis (SORTS)', IFD 3146-00019B.		
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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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		Patent application ongoing for the invention (PCT/EP2023/080683)	Diagnosis of tuberculosis in saliva (TECH-2022-631-459).
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	

		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)
	society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> Chairperson Danish Society for Migrant Health, 2023- 2025 <input type="checkbox"/> Chair of ESGITM (ESCMID Study Group for Infections in Migrants and Travelers) 2022-ongoing <input type="checkbox"/>	
11	Stock or stock options	<input type="checkbox"/> None <input type="checkbox"/> NovoNordisk <input type="checkbox"/> <input type="checkbox"/>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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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Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 22. oktober 2025

Your name: Anne Mette Fløe Hvass

Manuscript title: Helbredsbedømmelser af ukrainske flygtninge – fra beredskab til evidensbaseret praksis

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		Novo Nordisk Foundation, Project support to research studies within coherent treatment	Part of project group

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Teaching at Aarhus University (HEALTH) regarding Migrant Health	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chairperson Danish Society for Migrant Health, 2025- ongoing (unpaid)	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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