

# ICMJE DISCLOSURE FORM

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**Date:** 5. juni 2026

**Your name:** Charlotte Suetta

**Manuscript title:** Nu er det de ældres tur

**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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

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) |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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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 |  |
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|                            |                                                                          |                                          |  |
| 3                          | Royalties or licenses                                                    | <input checked="" type="checkbox"/> None |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> None |  |
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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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# ICMJE DISCLOSURE FORM

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

**Date:** 23. juni 2026

**Your name:** Anne Holm

**Manuscript title:** Nu er det de ældres tur

**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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| <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.)<br><br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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## Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <b>None</b> | AH is holding a grant for research from the Novo Nordic Foundation |
|   |                                                                          |                                      |                                                                    |

  

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> <b>None</b> |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> None |  |
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Please place an "X" next to the following statement to indicate your agreement:

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# ICMJE DISCLOSURE FORM

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

**Date:** 23. juni 2026

**Your name:** Jørn Wulff Helge

**Manuscript title:** Nu er det de ældres tur

**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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| 3                                 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> <b>None</b> |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> None |  |
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## ICMJE DISCLOSURE FORM

**Date:** 23. Juni 2026

**Your Name:** Morten Scheibye-Knudsen

**Manuscript Title:** Nu er det de ældres tur

**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.

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|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------|-------------------|-------------------------------------------|-------------------|---------------------------|-------------------|
| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |               |                   |                                           |                   |                           |                   |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Melsen Fonden</td> <td>Institution grant</td> </tr> <tr> <td>NNF, Hallas Møller Ascending Investigator</td> <td>Institution grant</td> </tr> <tr> <td>The Danish Cancer Society</td> <td>Institution grant</td> </tr> </table> <div style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div> |                                                                                     | Melsen Fonden | Institution grant | NNF, Hallas Møller Ascending Investigator | Institution grant | The Danish Cancer Society | Institution grant |
| Melsen Fonden                                      | Institution grant                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |               |                   |                                           |                   |                           |                   |
| NNF, Hallas Møller Ascending Investigator          | Institution grant                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |               |                   |                                           |                   |                           |                   |
| The Danish Cancer Society                          | Institution grant                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |               |                   |                                           |                   |                           |                   |
| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |               |                   |                                           |                   |                           |                   |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |               |                   |                                           |                   |                           |                   |
| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                                                                                                                              |                                                                                     |               |                   |                                           |                   |                           |                   |
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|--------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|----------------|------------------|--------------------|------------------|--|--|--|--|--|
| 4                        | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Healthy Longevity Clinic</td> <td>Personal payment</td> </tr> <tr> <td>MSK consulting</td> <td>Personal payment</td> </tr> <tr> <td>Frontiers in Aging</td> <td>Personal payment</td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Healthy Longevity Clinic                                                            | Personal payment | MSK consulting | Personal payment | Frontiers in Aging | Personal payment |  |  |  |  |  |
| Healthy Longevity Clinic | Personal payment                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                  |                |                  |                    |                  |  |  |  |  |  |
| MSK consulting           | Personal payment                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                  |                |                  |                    |                  |  |  |  |  |  |
| Frontiers in Aging       | Personal payment                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                  |                |                  |                    |                  |  |  |  |  |  |
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| Novo Nordisk             | Personal payment                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                  |                |                  |                    |                  |  |  |  |  |  |
| Best seller              | Personal payment                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                  |                |                  |                    |                  |  |  |  |  |  |
| Bloom festival           | Personal payment                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                  |                |                  |                    |                  |  |  |  |  |  |
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| 6                        | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                  |                |                  |                    |                  |  |  |  |  |  |
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| 7                        | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b><br>All talks below have been supported via payment to my institution. <div> 2026 Nordic Aging Society meeting, Helsinki, Finland<br/> 2026 National Longevity Medicine Conference, Sofia, Bulgaria<br/> 2026 Alliance for Healthy Aging, Cologne, Germany<br/> 2026 European Federation for Aging Research symposium, Cologne, Germany<br/> 2026 Cell Symposia: Hallmarks of Aging, Sevilla, Spain<br/> 2026 13<sup>th</sup> ARDD, Boston, USA<br/> 2026 4th UK-China-Norway meeting, Oslo, Norway<br/> 2026 Longevity Summit Dublin, Dublin, Ireland<br/> 2026 Dutch Translational Metabolism Conference, Wageningen, Netherlands<br/> 2026 Vitalist Bay, Berkeley, USA<br/> 2026 RISE Venture Salon, Lansersee, Austria<br/> 2026 NADIS Symposium, Oslo, Norway<br/> 2026 Academy of Geroscience meeting, Miami, USA<br/> 2026 Geromedicine Conference, National University of Singapore, Singapore<br/> 2026 The Ageing Kidney, Aalborg University Hospital, Denmark<br/> 2025 Biology of Aging PhD course, University of Oslo, Norway<br/> 2025 Longevity Summit Mauritius, Mauritius<br/> 2025 Nordic Aging Society meeting (organizer), Reykjavik, Iceland<br/> 2025 ERS, Amsterdam, Netherlands<br/> 2025 Danish Diabetes and Endocrinology Academy, Odense, Denmark<br/> 2025 3rd Baltic Longevity Meeting, Riga, Latvia<br/> 2025 Organizer of the 12<sup>th</sup> Aging Research and Drug Discovery meeting (<a href="http://www.agingpharma.org">www.agingpharma.org</a>)<br/> 2025 14<sup>th</sup> International Frailty and Sarcopenia Conference, Toulouse, France<br/> 2025 Global Conference on Gerophysics, Singapore<br/> 2024 German Association for Aging Research, IMG Mainz, Germany<br/> 2024 Organizer of the 11<sup>th</sup> Aging Research and Drug Discovery meeting (<a href="http://www.agingpharma.org">www.agingpharma.org</a>) </div> |                                                                                     |                  |                |                  |                    |                  |  |  |  |  |  |



|                                                                    |                                                                                                   | 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) |          |                |                 |                              |      |                              |      |  |  |  |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|----------------|-----------------|------------------------------|------|------------------------------|------|--|--|--|
|                                                                    |                                                                                                   | 2024 Bronchitis XI, Groningen, Netherlands<br>2024 Longevity Summit Dublin, Dublin, Ireland<br>2024 Longevity Baltics, Riga, Latvia<br>2024 Systems Biology of Aging, Gordon Research Conference, Barcelona, Spain<br>2024 <i>The Longevity Molecule</i> , DeSci Nordics<br>2024 <i>Targeting Aging</i> , Danish Cardiovascular Academy, Oslo<br>2023 <i>Data Driven Interventions in Human Aging, EARD conference</i> , NYC, USA<br>2023 Organizer of the 10 <sup>th</sup> <i>Aging Research and Drug Discovery</i> meeting ( <a href="http://www.agingpharma.org">www.agingpharma.org</a> )<br>2023 <i>Targeting Human Aging, GRS conference</i> , Barcelona, Spain<br>2023 <i>Targeting Human Aging</i> , Zuzalu, Montenegro<br>2023 <i>Phenome clustering of genetic diseases</i> , MENA conference, Dubai, UAE<br>2023 <i>Targeting Aging</i> , ERIBA, Groningen, Netherlands |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
| 8                                                                  | Patents planned, issued or pending                                                                | <input type="checkbox"/> None<br><table border="1"> <tr> <td>Senescence prediction algorithm, provisional US patent #63/497,273</td> <td>Personal</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Senescence prediction algorithm, provisional US patent #63/497,273                  | Personal |                |                 |                              |      |                              |      |  |  |  |
| Senescence prediction algorithm, provisional US patent #63/497,273 | Personal                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
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| 9                                                                  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <input checked="" type="checkbox"/> None<br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
|                                                                    |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
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| 10                                                                 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None<br><table border="1"> <tr> <td>Nordic Aging Society</td> <td>Unpaid</td> </tr> <tr> <td>Deep Longevity</td> <td>Stock ownership</td> </tr> <tr> <td><i>BOLD Longevity Growth</i></td> <td>Paid</td> </tr> <tr> <td><i>Longevity Vision Fund</i></td> <td>Paid</td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Nordic Aging Society                                                                | Unpaid   | Deep Longevity | Stock ownership | <i>BOLD Longevity Growth</i> | Paid | <i>Longevity Vision Fund</i> | Paid |  |  |  |
| Nordic Aging Society                                               | Unpaid                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
| Deep Longevity                                                     | Stock ownership                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
| <i>BOLD Longevity Growth</i>                                       | Paid                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
| <i>Longevity Vision Fund</i>                                       | Paid                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
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| 11                                                                 | Stock or stock options                                                                            | <input type="checkbox"/> None<br><table border="1"> <tr> <td>Deep Longevity</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Deep Longevity                                                                      |          |                |                 |                              |      |                              |      |  |  |  |
| Deep Longevity                                                     |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
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| 12                                                                 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input type="checkbox"/> None<br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
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| 13                                                                 | Other financial or non-financial interests                                                        | <input checked="" type="checkbox"/> None<br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
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|                                                                    |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |                |                 |                              |      |                              |      |  |  |  |
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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) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                              |                                                                                     |