

ICMJE DISCLOSURE FORM

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Date: 5. Oktober 2025

Your name: Mads Tærstøl

Manuscript title: Kondition

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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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			
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Time frame: past 36 months

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	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X <input type="checkbox"/> None	
4	Consulting fees	X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X <input type="checkbox"/> None	
6	Payment for expert testimony	X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	X <input type="checkbox"/> None	
8	Patents planned, issued or pending	X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X <input type="checkbox"/> None	
11	Stock or stock options	X <input type="checkbox"/> None	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X <input type="checkbox"/> None	
13	Other financial or non-financial interests	X <input type="checkbox"/> None	

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Date: 17 sept 2025

Your name: Jonathan bjerre-bastos

Manuscript title: Kondition

Manuscript number (if known):

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Date: 2. oktober 2025

Your name: Jacob Peter Hartmann

Manuscript title: Kondition

Manuscript number (if known): 05-25-0398

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Date: 25. marts 2026

Your name: Henning Bay Nielsen

Manuscript title: Kondition

Manuscript number (if known): 05-25-0398

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Date: 25. marts 2026

Your name: Astrid Høgedal

Manuscript title: Kondition

Manuscript number (if known): UFL-05-25-0398

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