ICMJE DISCLOSURE FORM

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Date: 22. februar 2026

Your name: Peter Brændstrup

Manuscript title: 95-årig kvinde med akrocyanose af samtlige fingre og tæer

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			
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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 educational events	☒ **None**	
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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Date: 23. februar 2026

Your name: Nikolaj Manenring

Manuscript title: 95-årig kvinde med akrocyanose af samtlige fingre og tæer

Manuscript number (if known):

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Date: 22. februar 2026

Your name: Henrik Frederiksen

Manuscript title: 95-årig kvinde med akrocyanose af samtlige fingre og tæer

Manuscript number (if known):

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Date: 27. april 2026

Your name: Ida Bruun Kristensen

Manuscript title: 95-årig kvinde med akrocyanose af fingre og tæer

Manuscript number (if known): V74018

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3	Royalties or licenses	☒ **None**	

4	Consulting fees	☒ **None**	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		BeOne	Honoraria for lectures

6	Payment for expert testimony	☐ **None**	
		BeOne	Expert testimony for WM I RWE in Denmark

7	Support for attending meetings and/or travel	☐ **None**	
		BeOne	Travel support to hematology meetings

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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