

ICMJE DISCLOSURE FORM

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Date: 15. oktober 2025

Your name: Nathasja Dorf Tams

Manuscript title: Psoriasis og hudens hukommelsesceller; Ven eller fjende?

Manuscript number (if known):

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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.) No time limit for this item.	☒ None	

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

Date: 12. november 2024

Your name: Kasper Hjuler

Manuscript title: Psoriasis og hudens hukommelsesceller; ven eller fjende?

Manuscript number (if known):

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Time frame: past 36 months

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		Novartis	Research grant
3	Royalties or licenses	☒ None	

4	Consulting fees	☒ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None	
		AbbVie	Lecture
		UCB	Lecture
		Johnson & Johnson	Lecture
6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☐ None	
		UCB	Scientific congress participation
		Johnson & Johnson	Scientific congress participation
8	Patents planned, issued or pending	☒ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None	
		UCB	Advisory board
		Johnson & Johnson	Advisory board
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	
		UCB	Medical writing, drugs (clinical study)
		Johnson & Johnson	Clinical study drugs
		Sanofi	Clinical study drugs
		Almirall	Clinical study drugs
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ICMJE DISCLOSURE FORM

Date: 11/14/2025

Your Name: [Lasse Hougaard Rishøj]

Manuscript Title: [Psoriasis og hudens hukommelsesceller; Ven eller fjende?]

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

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