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

Date: 14. november 2024		
Your name:	Christoffer Ellegård Christensen	
Manuscript tit	le: Tularæmi - en overset infektion i Danmark	
Manuscript nu	umber (if known): UFL-08-24-0507	

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 <u>defined broadly</u>. 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)
Tim	ne frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		

e frame: past 36 months	
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None
Royalties or licenses	⊠ None
	any entity (if not indicated in item #1 above).

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
	cangs and/or adver	
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data	⊠ None
	Safety Monitoring Board or 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
13	Other financial or non- financial interests	⊠ None
	imancial interests	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 17. december 2024		
Υοι	ır name: Karina Munck H	Horsholt	
Mar	nuscript title: Tularæm	i/harepest: Klinik, diagnostik	og behandling
Mar	nuscript number (if known):	UFL-10-24-0735	
conte affect	nt of your manuscript. "Related" ed by the content of the manusc	' means any relation with for-pr cript. Disclosure represents a co	s/activities/interests listed below that are related to the ofit or not-for-profit third parties whose interests may be mmitment to transparency and does not necessarily indicate a interest, it is preferable that you do so.
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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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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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,	⊠ None	

	speakers bureaus, manuscript writing or educational events	
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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Manuscript title: Tularæmi - en overset infektion i Danmark?	
anuscript number (if known):	

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ne frame: past 36 months	THE R. P. LEW. L. W.	DESCRIPTION OF THE PROPERTY OF
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
Royalties or licenses	⊠ None	
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13	Other financial or non- financial interests	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
11	Stock or stock options	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
8	Patents planned, Issued or pending	⊠ None
7	Support for attending meetings and/or travel	⊠ None
6	Payment for expert testimony	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
4	Consulting fees	⊠ None

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Date: 18. december 2024			
Your name: Emil [	Dariush Lichscheidt		
Manuscript title:	Tularæmi/harepest: Klinik, diagnostik og behandling		
Manuscript number (if known): UFL-10-24-0735			

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Tim	e frame: Since the initial plan	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	<b>⊠</b> None	
	in item #1 above).		
3	Royalties or licenses	<b>⊠</b> 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: 17. december 2024				
Your name: Carsten Schade Larsen				
Manuscript title: Tularæmi/harepest: Klinik, diagnostik og behandling				
Manuscript number (if known): UFL-10-24-0735				

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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	No time limit for this item.		

Tim	e 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	□ None		
	lectures, presentations,	Bavarian Nordic	Ad board	
de	speakers bureaus,	GSK	Lectures	
	manuscript writing or	Gilead	Lectures	
	educational events	Merck	Ad boards	
		Novartis	Lectures	
		Pfizer	Lectures	
		Takeda	Lectures, Ad board	
4		Valneva	Ad board	
6	Payment for expert testimony	<b>⊠</b> None		
7	Support for attending	□ None		
-56	meetings and/or travel	CSL Behring	ESID biannual meeting, Marseilles, Frankrig	
		MSD	HIV drug therapy, Glasgow, Skotland	
8	Patents planned, issued or pending	⊠ None		
		Z None		
9	Participation on a Data	⊠ None		
	Safety Monitoring Board	Z NOILE		
	or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None		
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11	Stock or stock options	⊠ None		
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical			
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13	Other financial or non-	<b>☑</b> None		
	financial interests			

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Date: 15. november 2024					
Your name: Anne-I	Mette Lebech				
Manuscript title:	Tularæmi- en overset infection I Danmark				
Manuscript number (	(if known): UFL-08-24-0507				

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	No time limit for this item.		

Tim	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	
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4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for	☐ None	
5	lectures, presentations,	Pfizer	Honoraria for lectures outside this work
	speakers bureaus,	FIIZEI	Tionoraria for feetures outside this work
	manuscript writing or	EUN SEL	
	educational events		
6	Payment for expert testimony	<b>⊠</b> None	
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7	Support for attending	⊠ None	
10	meetings and/or travel	Z NOTE	
8	Patents planned, issued or	⊠ None	
٥	pending	⊠ None	
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9	Participation on a Data Safety Monitoring Board	None	A de de completa de la completa del completa de la completa del completa de la completa del completa de la completa del completa de la completa del la completa della della completa de la completa de la completa della
	or Advisory Board	Pfizer	Advisory board outside this work
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<b>⊠</b> None	
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11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment,	<b>⊠</b> None	
	materials, drugs, medical writing, gifts or other services		
		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13	Other financial or non- financial interests	<b>⊠</b> None	

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Da	te: 10. december 2024		
Yo	ur name: Lotte Ebdrup		
Ma	nuscript title: Tularæm	i/harepest: Klinik, diagnostik	og behandling
Ma	nuscript number (if known):	UFL-10-24-0735	
conte affec bias.	ent of your manuscript. "Related" ted by the content of the manusc If you are in doubt about wheth	means any relation with for-pr cript. Disclosure represents a co er to list a relationship/activity/	s/activities/interests listed below that are related to the ofit or not-for-profit third parties whose interests may be mmitment to transparency and does not necessarily indicate a interest, it is preferable that you do so.  Interests as they relate to the current
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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
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4	Consulting fees	⊠ None	
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5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations,		

	speakers bureaus, manuscript writing or educational events	
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
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13	Other financial or non- financial interests	⊠ None

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Date	e: 15. november 2024		
You	r name: Marie Helleberg		
Maı	nuscript title: Tulara	emi - en overset infekti	ion i Danmark?
	nuscript number (if known	١٠	
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is reported	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.  In this manuscript without time limit. For all months.
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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
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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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