

# ICMJE DISCLOSURE FORM

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**Date:** 9. oktober 2025

**Your name:** Julie Støy

**Manuscript title:** Diagnostik og behandling af monogenetisk diabetes

**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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		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)
<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.)  <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	

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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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**Date:** 8. oktober 2025

**Your name:** Anne Cathrine Baun Thuesen

**Manuscript title:** Diagnostik og behandling af monogenetisk diabetes

**Manuscript number (if known):**

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		BRIDGE – Translational Excellence Programme	NNF20SA0064340
		Novo Nordisk Foundation	NNF23SA0084103

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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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**Date:** 9. oktober 2025

**Your name:** Torben Hansen

**Manuscript title:** Diagnostik og behandling af monogenetisk diabetes

**Manuscript number (if known):**

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		Novo Nordisk Foundation	NNF23SA0084103

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		Novo Nordisk	Research support
		GSK	Research support
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		Novo Nordisk	Shares in Novo Nordisk
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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**Date:** 24. februar 2021

**Your name:** Tina Vilsbøll

**Manuscript title:** Diagnostik og behandling af monogenetisk diabetes

**Manuscript number** (if known):

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		Eli Lilly	IDEAL-COR, investigator-initiated trial
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Amgen, Astra-Zeneca, BMS, Boehringer Ingelheim, Eli Lilly, Gilead, GSK, Mass Medicine, Novo Nordisk, Carmot/Roche, Regor, Sanofi, Sun Pharmaceuticals & Zealand Pharma	Tina Vilsbøll has as a consultant for these companies
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Amgen, Astra-Zeneca, BMS, Boehringer Ingelheim, Eli Lilly, Novo Nordisk, Sanofi	Tina Vilsbøll has as a speaker for these companies
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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**Date:** 7. oktober 2025

**Your name:** Johanne Skov Jensen

**Manuscript title:** Diagnostik og behandling af monogenetisk diabetes

**Manuscript number** (if known):

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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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**Date:** 3. oktober 2025

**Your name:** Mathilde Svendstrup

**Manuscript title:** Diagnostik og behandling af monogenetisk diabetes

**Manuscript number** (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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**Date:** 26. september 2025

**Your name:** Henrik Maagensen

**Manuscript title:** Diagnostik og behandling af monogenetisk diabetes

**Manuscript number** (if known):

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