Dat	t e : 17. april 2024		
	ur name: Åse Bengård A	ndersen	
		dslæt hos en ung mand fra N	enal
	nuscript number (if know		-pui
IVId	nuscript number (ii know	11).	
are r third comi list a	related to the content of y I parties whose interests n mitment to transparency a relationship/activity/inte	our manuscript. "Related" nay be affected by the contained does not necessarily in rest, it is preferable that yo	
	uscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>
perta antih	ains to the epidemiology on the state of the epidemiology of the state	of hypertension, you should even if that medication is n	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all
	-	r disclosure is the past 36 i	
	-	Name all entities with whom you have this relationship or indicate none (add rows as	
othe	-	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
othe	er items, the time frame fo	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
othe	er items, the time frame for the initial plane. All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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
othe	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	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
Tim 1	er items, the time frame for items, the time frame for the initial plate. 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.	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 1	er items, the time frame for the initial plate. 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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Inning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim 1	er items, the time frame for the initial plane. 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. The frame: past 36 months	Name all entities with whom you have this relationship or indicate none (add rows as needed) Inning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim 1	er items, the time frame for the initial plate. 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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Inning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim 1	r items, the time frame for the initial plan. 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. The frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Inning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim 1	er items, the time frame for the initial plane. 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. Grants or contracts from any entity (if not indicated)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Inning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)

4	Consulting fees	□ None	
			Scientific advisor, Nordic Infucare AB
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	_	I	
6	Payment for expert testimony	☑ None	1
	testimony		
7	Support for attending meetings and/or travel	☑ None	1
	meetings and/or traver		
		l	
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board	☐ None	T
	or Advisory Board		Board member on DSMB on Statens Serum Institute sponsored vaccine trial: nTB-01
			honorary
10	Leadership or fiduciary	⊠ None	
	role in other board,	Z None	
	society, committee or		
	advocacy group, paid or unpaid		
	μπραια		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial 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

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

Date : 17. april 2024			
Your name: Mette Gyldenløve			
Manuscript title: Hududslæt hos en ung mand fra Nepal			
Manuscript number (if known): N/A			
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-profi			

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)
Tim	e 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.		

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months			
2	2 Grants or contracts from any entity (if not indicated	☑ None		
	in item #1 above).			
3	Royalties or licenses	⊠ None		

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
	eddedional events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	M Name
٥	pending	⊠ None
	penamg	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial 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 : 3. maj 2024		
You	r name: Lone Skov		
Maı	nuscript title: Hududs	slæt hos en ung mand fra Ne	epal
Mai	nuscript number (if known)):	
are ro third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	ins to the epidemiology of ypertensive medication, ex	hypertension, you should en if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all
othei	r items, the time frame for	disclosure is the past 36 r	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	e 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.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
	rame. past 30 months		
2	Grants or contracts from	☐ None	
	any entity (if not indicated in item #1 above).	Novartis, Bristol-Myers Squibb, AbbVie, Almirall, Sanofi, Janssen Pharmaceuticals, Danish National Psoriasis Foundation, and the Kgl.	To hospital
		Hofbundtmager Aage Bang Foundation	

3	Royalties or licenses	⊠ None	
		Z NOTIC	
4	Consulting fees	☐ None	
		UCB, Pfizer	Payment to me
5	Payment or honoraria for	□ None	
	lectures, presentations,	AbbVie, Novartis,	To me
	speakers bureaus,	Pfizer, and LEO	
	manuscript writing or	Pharma, Janssen,	
	educational events	UCB, Bristol-Myers	
		Squibb, and Sanofi	
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
U	i atento piannea, issuea oi	□ None	
Ü	pending	△ None	
J		∆ None	
9		□ None	
	pending Participation on a Data Safety Monitoring Board		To me
	pending Participation on a Data	□ None	To me
	pending Participation on a Data Safety Monitoring Board	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma,	To me
	pending Participation on a Data Safety Monitoring Board	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB,	To me
	pending Participation on a Data Safety Monitoring Board	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma,	To me
	pending Participation on a Data Safety Monitoring Board	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers	To me
	pending Participation on a Data Safety Monitoring Board	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and	To me
	pending Participation on a Data Safety Monitoring Board	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers	To me
	pending Participation on a Data Safety Monitoring Board	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and	To me
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi	To me
	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and	To me
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi	To me
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi	To me
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi	To me
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi ■ None	To me
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi	To me
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi ■ None	To me
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi ■ None	To me
10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None AbbVie, Eli Lilly, Novartis, Pfizer, and LEO Pharma, Janssen, UCB, Almirall, Galderma, Bristol-Myers Squibb, BI, and Sanofi ■ None	To me

	writing, gifts or other services		
13	Other financial or non- financial interests	⊠ None	

🛛 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. april 2024		
You	r name: Anne-Sophie Ka	i Wedell-Neergaard	
Mai	nuscript title: Hududslæt	hos en ung mand fra Nepal	
Maı	nuscript number (if known):	
In the are rothird comrelist a The fanta perta antih	e interest of transparency, elated to the content of yo parties whose interests manitment to transparency ar relationship/activity/interestionship questions apply to uscript only. Buthor's relationships/activalins to the epidemiology of hypertensive medication, even	we ask you to disclose all ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that you the author's relationship ities/interests should be a hypertension, you should yen if that medication is not port for the work reported.	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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)
1	e frame: Since the initial plan All support for the present		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	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 lectures, presentations,	⊠ None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
or Advisory Box	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non- financial interests	⊠ None
	Tinancial 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