ICMJE DISCLOSURE FORM

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

Date : 22. juli 2024			
Your name: Anne-johanne Andersen			
Manuscript title: Lineær IgA dermatose			
Manuscript number (if known): unknown			

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 <u>current manuscript only</u>.

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.

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	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	

Click TAB in last row to add extra rows

Time frame: past 36 months			
2	Grants or contracts from	n 🛮 None	
	any entity (if not indicated		
	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	Z itolic	
8	Patents planned, issued or	∇ Na.	
٥	pending	⊠ None	
	penang		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or navisory board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
	<u> </u>		
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	
		2	

Please place an "X" next to the following statement to indicate your agreement:

🛛 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.

ICMJE DISCLOSURE FORM

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

Dat	e: Klik eller trykkor at a	ignored Lowy	1
Υοι	ir name: HENR	IN LOREN	アモル
Ma	r name: HENR nuscript title: Linco	er IgA dermet	ose
	nuscript number (if known		
are r third comi	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the con nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply to uscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of mentioned in the manuscript.
	em #1 below, report all sup r items, the time frame for		d in this manuscript without time limit. For all 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 plar	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim 1	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
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	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
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.	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
Tim	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. e frame: past 36 months Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	CEO CHARMA GALDERMA
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	Mone	
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	

Please place an "X" next to the following statement to indicate your agreement: En 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.