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 : 3. juni 2025		
You	r name: Anette Bygum		
Aqu	agenic wrinkling of the Pa	lms (ANP)	
Mai	nuscript number (if known):	
are re 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 u do so.
	following questions apply to uscript only.	o the author's relationshi _l	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all supper 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)
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.) No time limit for this item.	None	
Time	e frame: past 36 months		Click TAB in last row to add extra rows
2	Grants or contracts from	⊠ None	

	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	⊠ None		
5		None		
5	Payment or honoraria for lectures, presentations,	A NOTE		
	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 o		⊠ None		
	pending			
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
10	Leadership or fiduciary	None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
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:

☑ 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.

You	ır name:	Nicola Strand	lgaard Bacchiega	
Manuscript title:		Aquagenic Wrinkling of the Palms		
Ma	nuscript numb	er (if known):	
are r third comi	elated to the o I parties whose mitment to tra	content of your e interests ma ensparency ar	ur manuscript. "Related" ay be affected by the con	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 ques uscript only.	tions apply to	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta	ains to the epi	demiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
			port for the work reporte disclosure is the past 36	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 t	he initial plan	ning of the work	
1	All support for manuscript (e. provision of st materials, med article process etc.)	g., funding, udy dical writing, ing charges,	None	
	!			Click TAB in last row to add extra rows
Tim	e frame: past 30	6 months		
Tim	e frame: past 30	6 months		

	in item #1 above).	
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 Non
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:

☑ 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.