Υοι	ır name:	Nynne Emilie	Fagerlund Hummelshøj	
Ma	nuscript	title: Sek	rethåndtering hos patienter me	ed neurologiske sygdomme og påvirket hostekraft
Ma	nuscript nu	ı mber (if knov	wn): UFL-10-24-0721	
are r third com	elated to the parties whe mitment to	ne content of lose interests transparency	your manuscript. "Related" may 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 adicate a bias. If you are in doubt about whether to bu do so.
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perta	ains to the o	epidemiology	of hypertension, you shoul	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript.
			upport for the work reporte or 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: Sin	ce the initial p	lanning of the work	
1	All support for the pr	•		
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	Grants or c	ontracts from (if not indicate above).		

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	
¹ 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 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,	⊠ None
	materials, drugs, medical	
	writing, gifts or other	
L	services	
13	Other financial or non-	⊠ None
	financial interests	
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Your name:	Anne Kathrine Stæhr Rye
Manuscript til	le: Sekrethåndtering hos patienter med neurologiske sygdomme og påvirket hostekraft
Manuscript no	umber (if known): UFL-10-24-0721

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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.		

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2	Grants or contracts from	⊠ None				
	any entity (if not indicated 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		
	Cudcational 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	⊠ None		
	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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You	ur name: Mona Ring Gätk	ce .	
Mar	nuscript title: Sekrethåndteri	ng hos patienter med neurol	ogiske sygdomme og påvirket hostekraft
Ma	nuscript number (if known): UFL-10-24-072	21
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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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3	Royalties or licenses	M 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	⊠ None
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or	
	advocacy group, paid or unpaid	
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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	
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Dat	te: 21-02-2025 KI	ik eller tryk for at angive en dato.	
You	ur name: Kirsten Sv	enstrup	
Ma	nuscript title: Sekreth	åndtering hos patienter med	l neurologiske sygdomme og påvirket hostekraft
Ma	nuscript number (if kn	own): UFL-10-24-0721	
are r third com	elated to the content o I parties whose interes mitment to transparen	of your manuscript. "Related" ts may be affected by the co	Il relationships/activities/interests listed below that 'means any relation with for-profit or not-for-profit ontent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.
	following questions app uscript only.	ply to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
pert	ains to the epidemiolog	gy of hypertension, you sho	e <u>defined broadly</u> . For example, if your manuscript uld declare all relationships with manufacturers of not mentioned in the manuscript.
		support for the work report e for disclosure is the past 36	ted in this manuscript without time limit. For all 6 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		
1	All support for the press manuscript (e.g., fundin provision of study materials, medical writing article processing charge etc.) No time limit for this item.	g,	
			Click TAB in last row to add extra rows
Time	e frame: past 36 months	医外环反射器 医甲基氏原环	
2	Grants or contracts from any entity (if not indication 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	
6	Payment for expert	⊠ None
l	testimony	
7	Support for attending meetings and/or travel	⊠ None
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8	Patents planned, issued or	⊠ None
	pending	
L		
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	23 Note
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or	
	advocacy group, paid or	
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11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
12	materials, drugs, medical	Z None
	writing, gifts or other	
	services	
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13	Other financial or non- financial interests	⊠ None
	financial interests	

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Date: 26. februar 2025		
Your name:	Christ	tian Gunge Riberholt
Manuscript ti	tle:	Sekrethåndtering hos patienter med neurologiske sygdomme og påvirket hostekraft
Manuscript n	umber	(if known): UFL-10-24-0721

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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	e frame: Since the initial plar	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	
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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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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