

Given Name (First Name) Michael	2. Sumar Tvede	me (Last Name)		3. Effective Owne (U7-August-2006)
4. Are you the corresponding author?	Yes	⊘ No	Corresponding Author's Nan Kristian Mikkelsen	не
 Manusoript Title Tarmbekterlers betydning for glukose 	e- og fedtme	tabolisme		

Section 2. The Work Under Consideration for Publication

Old you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc....)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" faution to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication								
Type	No	Harray Paid to You	Meney to Your Institutions	Name of Coalty	Comments**			
1, Grant						ADG		
2. Consulting fee or honorarium						X ADD		
Support for travel to meetings for the study or other purposes						X		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	Ø		0			*		
S. Payment for writing or reviewing the manuscript						X ADD		
Provision of writing assistance, medicines, equipment, or administrative support	V					×		
Tvede								



Турм	No	Paid	Money to Your Institution*	Name of Entity	Community**	
7. Other	V					AD ×

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Type of Relationship (in alphabetical order)	No	Paid to You	Your Institutions	Entity	Comments
1. Board membership	7				
2. Consultancy	Ø				
I. Employment	Ø				
6. Expert testimony	7				
5. Grants/grants pending	V				
Payment for lectures including service on speakers bureaus					
7. Payment for manuscript preparation		П			i

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphanetical profer)	Ne	Money Paid to You	Money to Year Institution*	Entity		
Patents (planned, pending or issued)	Ø					
Royalties	Ø					
Payment for development of educational presentations			0			
Stock/stock options	7					
Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø	0				
Other (err on the side of full disclosure)	Ø	0				
This means money that your institution for example, if you report a consultant constitution. Other relations retther editionships or action other relationships, what you we had other relationships/constitution. Yes, the following relationships:	high rites the one in the	et readers one suformits	rould perceive to ed work?	have influenced,	or that give	
t the time of manuscript acceptance						heir disclo
n occasion, journals may ask author	es to do	001110	an amortiment an			

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29 sep 2012_

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

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Section 1.	ldentifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Knop		3. Effective Date (07-August-2008) 07-October-2012
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Kristian Hallundbæk Mik	
5. Manuscript Title Tarmbakteriers b		e- og fedtmetabolisme		
6. Manuscript Ider	ntifying Number (if you	know it)	_	

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						ADD		

Section 3. Polow

Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership		✓		Eli Lilly and Company	Advisory board	×
						ADD
2. Consultancy		✓		Gilead Sciences, Inc.		×
2. Consultancy		✓		AstraZeneca LP		×
2. Consultancy		✓		Ono Pharmaceuticals Co., Ltd.		×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus		\checkmark		Novo Nordisk A/S		×

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Payment for lectures including service on speakers bureaus		✓		Eli Lilly and Company		×
Payment for lectures including service on speakers bureaus		✓		AstraZeneca LP		×
Payment for lectures including service on speakers bureaus		✓		Boehringer Ingelheim Pharmaceuticals, Inc.		×
Payment for lectures including service on speakers bureaus		✓		Bristol-Myers Squibb Company		×
Payment for lectures including service on speakers bureaus		√		Ono Pharmaceuticals Co., Ltd.		×
Payment for lectures including service on speakers bureaus		✓		Merck Sharp & Dohme Limited		×
Payment for lectures including service on speakers bureaus		✓		Zealand Pharma A/S		×
						ADD
Payment for manuscript preparation		✓		AstraZeneca		×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**			✓	Boehringer Ingelheim Pharmaceuticals, Inc.		×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**			✓	Eli Lilly and Company		×
						ADD
13. Other (err on the side of full disclosure)	✓					×



ADD

- * This means money that your institution received for your efforts.
- ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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Section 1. Identifying Infor	mation	
Given Name (First Name) Morten	2. Surname (Last Name) Frost	3. Effective Date (07-August-2008) 26-September-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kristian Mikkelsen
5. Manuscript Title Tarmbakteriers betydning for glukose	- og fedtmetabolisme	
6. Manuscript Identifying Number (if you NA	know it)	

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The Work Under Consideration f	or Pub	lication			MINISTER STREET	HE HARRIST
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					X ADD
2. Consulting fee or honorarium	✓					X
Support for travel to meetings for the study or other purposes	✓					×
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
Payment for writing or reviewing the manuscript	√					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support	1					ADD ×
Frost						2



The Work L	Jnder Considera	ition for Pub	lication	No. of Lot,	THE RESERVE	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is	
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other		V					ADD ×

Section 3.

Relevant financial activities outside the submitted work.

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Relev	ant financial activities outsi	ide the	submitt	ed work			STILLS.
7	ype of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Bo	ard membership	√			Danish Bone Society	No income	×
2. Co	nsultancy	✓					ADD X
3. Em	ployment	✓					2 ×
4. Exp	pert testimony	✓					ADD X
5. Gra	ants/grants pending	✓					X ADD
	yment for lectures including vice on speakers bureaus		✓		AMGEN	Lecture fee	×
	yment for lectures including vice on speakers bureaus		√		Boehringer Ingelheim	Lecture fee	× ADD

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitte	ed work	III IL INS	Mark Park	Section 1	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	E	ntity	Comments	
Payment for manuscript preparation	V						×
Patents (planned, pending or issued)	✓						X
9. Royalties	✓						X ADD
Payment for development of educational presentations	/						×
11. Stock/stock options	✓						ADD X ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓						X
13. Other (err on the side of full disclosure)	✓						×
* This means money that your institution ** For example, if you report a consultance				ravel relate	d to that consu	Itancy on this line.	
Section 4. Other relationsl	nips						
Are there other relationships or activ potentially influencing, what you wro				to have in	fluenced, or th	nat give the appearance	e of
✓ No other relationships/condition. Yes, the following relationships/c						est	
At the time of manuscript acceptance On occasion, journals may ask author	e, journa rs to disc	ls will ask a lose furthe	uthors to cor r information	nfirm and, about rep	if necessary, u ported relation	pdate their disclosure s nships.	statements.

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Section 1.	Identifying Information	ation	
1. Given Name (First Name) ひとぃド	t Name)	2. Surname (Last Name) BORBYE PEDERSEN	3. Effective Date (07-August-2008) 24 - Syrbanbur - 2012
4. Are you the corresponding author?	sponding author?	Yes XNo	
5. Manuscript Title			
6. Manuscript Ident	6. Manuscript Identifying Number (if you know it)	ow it)	

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The Work Under Consideration for Publication Money Type Type No Paid to You 1. Grant	No Publ	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	X
2. Consulting fee or honorarium						J
3. Support for travel to meetings for the study or other purposes						ADD X
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						×
Payment for writing or reviewing the manuscript	图					X
 Provision of writing assistance, medicines, equipment, or administrative support 						×



	Туре	No	Money Money to Paid Your to You Institution*	Name of Entity	Comment
ther T	7 Other	3			

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Payment for manuscript preparation	Payment for lectures including service on speakers bureaus	5. Grants/grants pending	4. Expert testimony	3. Employment	2. Consultancy	1. Board membership	Type of Relationship (in alphabetical order)	Relevant financial activities outside the submitted work
	M	A			B	B	No	ide the
							Money Paid to You	submitt
							Money to Your Institution*	ed work
							Entity	
							Comments	
×	ADD	ADD X	ADD X	ADD	ADD	ADD		



13. Other (err on the side of full disclosure)		 Travel/accommodations/ meeting expenses unrelated to activities listed** 		11. Stock/stock options		Payment for development of educational presentations		9. Royalties		Patents (planned, pending or issued)		Type of Relationship (in alphabetical order)	Relevant financial activities outside the submitted work
		×		M		M		A		B		No	side the
												Money Paid to You	submitt
												Money to Your Institution*	ed work
												Entity	
												Comments	
ADD	ADD	×	ADD	×	ADD	×	ADD	×	ADD	×	ADD		

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1. Given Name (Fi Tina	rst Name)	2. Surname (Last Name) Vilsbøll		3. Effective Date (07-August-2008) 16-September-2012
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Filip K. Knop	me
5. Manuscript Title Tarmbakteriers l		- og fedtmetabolisme		
6. Manuscript Ide	ntifying Number (if you	know it)	_	

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The Work Under Consideration	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	/					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

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						ADD
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						ADD
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						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
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Payment for lectures including service on speakers bureaus	✓					×
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Payment for manuscript preparation	✓					×

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						ADD	
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						ADD	
9. Royalties	✓					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×	
						ADD	
13. Other (err on the side of full disclosure)	✓					×	
						ADD	
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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Hansen		3. Effective Date (07-August-2008) 17-September-2012
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na Kristian Mikkelsen	me
5. Manuscript Title Tarmbakteriers k		- og fedtmetabolisme		
6. Manuscript Ider	ntifying Number (if you	know it)	_	

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	/					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		✓					×		
							ADD		

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

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Relevant financial activities outs	ide the	submit	ted work				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
Patents (planned, pending or issued)	✓					×	
						ADD	
9. Royalties	✓					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
						ADD	
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							
Section 4. Other relationsh	ins -						
Other relations:							

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

 \checkmark No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Section 1.	Identifying Infor	rmation	
1. Given Name (Fi Kristian Hallund	· ·	2. Surname (Last Name) Mikkelsen	3. Effective Date (07-August-2008) 22-October-2012
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Titl Tarmbakteriers l		e- og fedtmetabolisme	
6. Manuscript Ide	ntifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration t	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
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3. Support for travel to meetings for the study or other purposes	✓					×
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 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication									
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							ADD		
7. Other		✓					×		
							ADD		

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Relevant financial activities ou	itside the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment		✓		Diabetologisk Forskningsenhed og Medicinsk afdeling F, Gentofte Hospital, 2900 Hellerup,		×
3. Employment		✓		Lægerne Anders Barkholt & Morten Bech		×
3. Employment		✓		Bisbebjerg Hospital, Kirurgisk Afdeling K		×
						ADD
4. Expert testimony	✓					×
						ADD

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
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						ADD
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 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
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Other (err on the side of full disclosure)	✓					×
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Section 4.	Other relationships
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