

Given Name (Fi Anne-Mette	rst Name)	2. Surname (Last Name) Lebech		3. Date 21-December-2017
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding A Kristina Thorste	
5. Manuscript Title Hiv-behandling	e og hormonale kontra	ceptiva		
6. Manuscript Ide UFL-08-17-0623	ntifying Number (if you 3	know it)		
any aspect of the statistical analysis,	stitution at any time re submitted work (includi , etc.)?	ng but not limited to grants, d	n a third party (gove	ernment, commercial, private foundation, etc.) f rd, study design, manuscript preparation,
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Dr. Lebech repo	orts non-financial support from Gilead, personal fees from GSK, outside the submitted work; .

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Section 1. Identifying Inform	mation	
Given Name (First Name) Kim	2. Surname (Last Name) Dalhoff	3. Date 21-December-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kristina Thorsteinsson
5. Manuscript Title Hiv-behandling og hormonale kontrad	ceptiva	
Manuscript Identifying Number (if you l UFL-08-17-0623	know it)	
Section 2. The Work Under	Consideration for Publi	cation
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Section 3. Relevant financia	l activities outside the	submitted work.
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Dr. Dalhoff has	nothing to disclose.

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Section 1. Identif	fying Information	1777	
Given Name (First Name) Charlotte	2. Surnar Wilken-J	ne (Last Name) ensen	3. Date 21-December-2017
4. Are you the corresponding	g author?	✓ No	Corresponding Author's Name Kristina Thorsteinsson
5. Manuscript Title Hiv-behandling og hormo	onale kontraceptiva		
Manuscript Identifying Nu UFL-08-17-0623	ımber (if you know it)		
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Do you have any patents, v			



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Section 1. Identifying Info	rmation		
Given Name (First Name)	2. Surname (Last Name)		3. Date
Terese	Katzenstein		21-December-2017
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Kristina Thorsteinsson	
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Manuscript Identifying Number (if yo UFL-08-17-0623	u know it)		
Section 2. The Work Unde	r Consideration for Publi	cation	
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Are there any relevant conflicts of in If yes, please fill out the appropriate Excess rows can be removed by pres	information below. If you have sing the "X" button.		ty press the "ADD" button to add a row.
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If yes, please fill out the appropriate Excess rows can be removed by press Name of Institution/Company GlaxoSmithKline/ViiV Section 3. Relevant finance Place a check in the appropriate box	information below. If you have sing the "X" button. Grant? Personal No Fees? I activities outside the escribed in the instructions. U	on-Financial Other? Support? Support? Submitted work. The submitted work. The submitted work one line for each erection.	support for development of interaction chart HIV drugs / contraceptiva. The company had no influence on the work
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Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Jannsen					V	advisory board, conference participation
Bristol Myers Squib					1	conference participation
MSD					1	lecturer
GSK/ViiV					1	lecturer, conference participation
Section 4.	Intellectual Proper	ty Pate	ents & Cop	pyrights		
Do you have an	patents, whether planr	ned, pendi	ing or issue	d, broadly releva	nt to the	work? ☐ Yes ✓ No
Section 5.	Relationships not o	covered	above		11 8	
No other rela	rnals may ask authors to	ournals will o disclose t	es that pre	sent a potential o	onflict o	f interest sary, update their disclosure statements.
	Disclosure Stateme		matically g	enerate a disclos	ure state	ment, which will appear in the box
Dr. Katzenstein i Jannsen, other f	reports grants from Glax rom Bristol Myers Squib,	oSmithKli other froi	ne/ViiV, du m MSD, oth	ring the conduct er from GSK/ViiV	of the st , outside	udy; other from Gilead, other from the submitted work; .



1. Given Name (First Name) Kristina	Surname (Last Name) Thorsteinsson	3. Date 21-December-2017
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Dr. Thorsteinsso	on reports other from Bristol Myers Squib, other from Jannsen, outside the submitted work; .

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