

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 six parts.

1. Identifying information.

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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tina

2. Surname (Last Name)

Vilsbøll

3. Date

16-October-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

GLP-1-receptoragonister til behandling af type 2-diabetes

6. Manuscript Identifying Number (if you know it)

UFL-05-18-0321

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. 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 publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Vilsbøll has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andreas	2. Surname (Last Name) Andersen	3. Date 16-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tina Vilsbøll
5. Manuscript Title GLP-1-receptoragonister til behandling af type 2-diabetes		
6. Manuscript Identifying Number (if you know it) UFL-05-18-0321		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Andersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Filip

2. Surname (Last Name)
Knop

3. Date
16-October-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Tina Vilsbøll

5. Manuscript Title
GLP-1-receptoragonister til behandling af type 2-diabetes

6. Manuscript Identifying Number (if you know it)
UFL-05-18-0321

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies, advisory boards and educational activities (lecturing, teaching)
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board and educational activities (lecturing, teaching)
Carmot Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific advise, consulting
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory board and educational activities (lecturing, teaching), travelling to scientific meetings

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gubra	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies
MedImmune	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board and educational activities (lecturing, teaching)
MSD/Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advisory board and educational activities (lecturing, teaching), travelling to scientific meetings
Norgine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational activities (lecturing, teaching)
Novo Nordisk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies, consulting, advisory boards and educational activities (lecturing, teaching), travelling to scientific meetings
Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies, consulting, advisory boards and educational activities (lecturing, teaching)
Zealand Pharma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated studies, consulting, advisory boards and educational activities (lecturing, teaching)

Section 4. Intellectual Property -- Patents & Copyrights

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Minority shareholder of Antag

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Section 6. Disclosure Statement

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Dr. Knop reports personal fees from Amgen, grants, personal fees and non-financial support from AstraZeneca, personal fees from Boehringer Ingelheim, personal fees from Carmot Therapeutics, personal fees and non-financial support from Eli Lilly, grants from Gubra, personal fees from MedImmune, personal fees and non-financial support from MSD/Merck, personal fees from Norgine, grants, personal fees and non-financial support from Novo Nordisk, grants and personal fees from Sanofi, grants and personal fees from Zealand Pharma, outside the submitted work; and Minority shareholder of Antag.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alexander Sidelmann	2. Surname (Last Name) Christensen	3. Date 16-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tina Vilsbøll
5. Manuscript Title GLP-1-receptoragonister til behandling af type 2-diabetes		
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Dr. Christensen has nothing to disclose.

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