

## 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.

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.

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#### 4. Intellectual Property.

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

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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) Thomas      2. Surname (Last Name) Benfield      3. Date 11-August-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Henning Bundgaard

5. Manuscript Title  
Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)  
 

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant
Novo Nordisk Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant
Simonsen Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant and Advisory board member
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant and lecturing
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching
Gilead	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching/educational

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching and Advisory board member
Lundbeck Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kai Hansen Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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

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Dr. Benfield reports grants from Pfizer, grants from Novo Nordisk Foundation, grants from Simonsen Foundation, grants and personal fees from GSK, grants and personal fees from Pfizer, personal fees from Boehringer Ingelheim, grants and personal fees from Gilead, personal fees from MSD, grants from Lundbeck Foundation, grants from Kai Hansen Foundation, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Anton

2. Surname (Last Name)  
Friis Mariager

3. Date  
18-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Henning Bundgaard

5. Manuscript Title

Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)

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Dr. Friis Mariager 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)  
Christian

2. Surname (Last Name)  
von Buchwald

3. Date  
03-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)

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Dr. von Buchwald has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kasper	2. Surname (Last Name) Iversen	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bundgaard
5. Manuscript Title Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)  
Daniel Emil

2. Surname (Last Name)  
Raaschou-Pedersen

3. Date  
18-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Henning Bundgaard

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Henrik

2. Surname (Last Name)  
Ullum

3. Date  
20-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Henning Bundgaard

5. Manuscript Title

Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)

### 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

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

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Dr. Ullum 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) Kerstin	2. Surname (Last Name) Skovgaard	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Skovgaard has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mikkel Porsborg	2. Surname (Last Name) Andersen	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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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

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Andersen 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)  
Natasja

2. Surname (Last Name)  
Schytte

3. Date  
20-May-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Kasper Iversen

5. Manuscript Title  
Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)

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

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Dr. Schytte 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)  
Tobias

2. Surname (Last Name)  
Todsén

3. Date  
18-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

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Dr. Todsén has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christian      2. Surname (Last Name) Torp-Pedersen      3. Date 13-August-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Henning Bundgaard

5. Manuscript Title  
Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19) - Protocol article

6. Manuscript Identifying Number (if you know it)

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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
Bayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Randomised Study
Novo Nordisk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiological study

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Torp-Pedersen reports grants from Bayer, grants from Novo Nordisk, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ramona

2. Surname (Last Name)  
Trebbien

3. Date  
12-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Henning Bundgaard

5. Manuscript Title

Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)

UFL-05-20-0363

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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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Henning

2. Surname (Last Name)  
Bundgaard

3. Date  
17-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Johan

2. Surname (Last Name)  
Bundgaard

3. Date  
17-May-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Henning Bundgaard

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