

Section 1. Identifying Inform	nation	
Given Name (First Name) Maja	2. Surname (Last Name) Hellfritzsch	3. Date 17-August-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Menoragi under antikoagulerende beh	andling	
6. Manuscript Identifying Number (if you kr UFL-03-20-0185	now it)	
Section 2. The Work Under Co	onsideration for Publication	
Did you or your institution at any time rece	ive payment or services from a third pa but not limited to grants, data monito	rty (government, commercial, private foundation, etc.) for ring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the submitte	ed work.
of compensation) with entities as descri	ibed in the instructions. Use one lin port relationships that were preser	n have financial relationships (regardless of amount e for each entity; add as many lines as you need by at during the 36 months prior to publication.
Section 4. Intellectual Proper	ty Patents & Copyrights	
Do you have any patents, whether plan		evant to the work? Yes V No

Hellfritzsch 2



Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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.
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. Hellfritzsch has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Hellfritzsch 3



Section 1.	Identifying Inform	mation		
1. Given Name (Fi Anne-Mette	rst Name)	2. Surname (Last Nam Hvas	e)	3. Date 26-August-2020
4. Are you the cor	rresponding author?	Yes 🗸 No	Corresponding Aut Maja Hellfritzsch	
5. Manuscript Titl Menoragi under	e rantikoagulerende bel	handling		
6. Manuscript Ide UFL-03-20-0185	ntifying Number (if you k	know it)		
Section 2.	The Work Under (Consideration for Pu	blication	
any aspect of the s statistical analysis,	submitted work (includin	ng but not limited to grant	s, data monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation,
Section 3.	Relevant financia	l activities outside t	he submitted work.	
of compensation clicking the "Add Are there any rel	n) with entities as desc	ribed in the instruction eport relationships that rest?	s. Use one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.
Name of Entity		Grant Personal Fees	Non-Financial Other	Comments
CSL Behring		✓		Unrestricted research grant
CSL Behring				Speaker's fee
Bayer				Speaker's fee
Boehringer Ingelheir	n			Speaker's fee
Astellas				Speaker's fee



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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.
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. Hvas reports grants from CSL Behring, other from CSL Behring, other from Bayer, other from Boehringer Ingelheim, other from Astellas, outside the submitted work;

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Hvas 3



Section 1. Identifying Inform			
Section 1. Identifying Inform	ation		
Given Name (First Name) Margit	2. Surname (Last Name) Dueholm	3. Date 14-Au	e gust-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Maja Hellfritzsch	
5. Manuscript Title Menoragi under antikoagulerende beh	andling		
6. Manuscript Identifying Number (if you kr UFL-03-20-0185	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, commercia ta monitoring board, study design, ma	al, private foundation, etc.) for anuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as describle clicking the "Add +" box. You should repart there any relevant conflicts of interest.	ibed in the instructions. Us port relationships that wer	se one line for each entity; add as n	nany lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyric	ıhts	
Do you have any patents, whether plan			es 🕢 No



Section 5. Relationships not covered above	
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?	
Yes, the following relationships/conditions/circumstances are present (explain below):	
No other relationships/conditions/circumstances that present a potential conflict of interest	
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statemer On occasion, journals may ask authors to disclose further information about reported relationships.	nts
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. Dueholm has nothing to disclose.	

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Inform	ation		
Given Name (First Name) Erik Lerkevang	2. Surname (Last Name) Grove		3. Date 18-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auti Maja Hellfritzsch	hor's Name
5. Manuscript Title Menoragi under antikoagulerende beha	andling		
6. Manuscript Identifying Number (if you kn UFL-03-20-0185	ow it)		
Section 2. The Work Under Co	onsideration for Publi	cation	
Did you or your institution at any time receinany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, d		nent, commercial, private foundation, etc.) for study design, manuscript preparation,
Section 3. Relevant financial a	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instructions. Uport relationships that we st?	se one line for each e	entity; add as many lines as you need by
Name of Entity	Grant	n-Financial Other	Comments
AstraZeneca			Advisory Board
Bayer	✓		Advisory Board
Bristol-Meyers Squibb	✓		Advisory Board and consultancy fees
Lecture fees received from AstraZeneca, Bayer, Pfizer, Bristol-Myers Squibb, Boehringer ngelheim and MSD			
Fravel/accommodations/ neeting expenses unrelated to activities listed. Support from these companies AstraZeneca, Pfizer, Bayer, Bristol-Myers Squibb. and Boehringer-Ingelheim.	:	V	Transport and accommodation during participation in congresses.

Grove



Name of Entity	Grant?	Personal Fees	Non-Financial Support	Other?	Comments	
Boehringer Ingelheim		√			Advisory Board	
Roche Diagnostics		√			I have received one consultancy fee after participation in a meeting (2017)	
AstraZeneca				✓	I am an investigator in the THEMIS, SATELLITE and FLAVOUR studies with research support (e.g. study nurse salary) but no personal fees.	
Portola Pharmaceuticals		\checkmark			Advisory board + speaker/chairman August 2019	
Boehringer Ingelheim	✓				I am responsible for two research projects that are supported by relatively small unrestricted grants from B.I.	
Mundi Pharma		\checkmark			Participation in one advisory board meeting (November 2019)	
undbeck		\checkmark			Data Monitoring Committees	
Section 4. Intellectual Proper Do you have any patents, whether plant Section 5. Relationships not of	ned, pendi	ing or issue	d, broadly releva			
Are there other relationships or activitie potentially influencing, what you wrote				nfluence	d, or that give the appearance of	
Yes, the following relationships/conditions/ci			,			
At the time of manuscript acceptance, jo						

Grove 3



Section 6.

Disclosure Statement

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

ELG has received speaker honoraria or consultancy fees from AstraZeneca, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb, Pfizer, MSD, Lundbeck, MundiPharma, Portola Pharmaceuticals and Roche. He is an investigator in the SATELLITE, FLAVOUR and ETESIAN studies (AstraZeneca) and has received unrestricted research grants from Boehringer Ingelheim.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Grove 4





Section 1. Identifying Inform	nation		
Given Name (First Name) Morten	2. Surname (Last Name) Würtz		3. Date 22-August-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Autho	or's Name
5. Manuscript Title Menoragi under antikoagulerende beh	andling		
6. Manuscript Identifying Number (if you kr UFL-03-20-0185	now it)		
Section 2. The Work Under C	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-	but not limited to grants, d	ata monitoring board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the second conflicts of the sec	in the table to indicate which the instructions. Uport relationships that we set?	nether you have financ se one line for each en	ntity; add as many lines as you need by
Name of Entity	Grant	n-Financial Support	Comments
Bayer			Honorar for undervisning og deltagelse i advisory boards
BMS/Pfeizer		1 1	Honorar for undervisning og deltagelse i advisory boards
Boehringer Ingelheim			Honorar for undervisning og deltagelse i advisory boards



Section 4. Intellectual Property Patents & Copyrights						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						
Section 5. Relationships not covered above						
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?						
Yes, the following relationships/conditions/circumstances are present (explain below):						
No other relationships/conditions/circumstances that present a potential conflict of interest						
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.						
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. Würtz reports personal fees from Bayer, personal fees from BMS/Pfeizer, personal fees from Boehringer Ingelheim, outside the submitted work; .						

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Würtz 3