

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. 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 behandling

6. Manuscript Identifying Number (if you know it)

UFL-03-20-0185

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 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. Hellfritzsich 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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anne-Mette
2. Surname (Last Name)
Hvas
3. Date
26-August-2020
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Maja Hellfritzsch Poulsen
5. Manuscript Title
Menoragi under antikoagulerende behandling
6. Manuscript Identifying Number (if you know it)
UFL-03-20-0185

Section 2. The Work Under Consideration for Publication

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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
CSL Behring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted research grant
CSL Behring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker's fee
Bayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker's fee
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker's fee
Astellas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker's fee

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Margit
2. Surname (Last Name)
Dueholm
3. Date
14-August-2020
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Maja Hellfritzsich
5. Manuscript Title
Menoragi under antikoagulerende behandling
6. Manuscript Identifying Number (if you know it)
UFL-03-20-0185

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Dr. Dueholm 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)
Erik Lerkevang

2. Surname (Last Name)
Grove

3. Date
18-August-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Maja Hellfritzsch

5. Manuscript Title
Menoragi under antikoagulerende behandling

6. Manuscript Identifying Number (if you know it)
UFL-03-20-0185

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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
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Bristol-Meyers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board and consultancy fees
Lecture fees received from AstraZeneca, Bayer, Pfizer, Bristol-Myers Squibb, Boehringer Ingelheim and MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel/accommodations/meeting expenses unrelated to activities listed. Support from these companies: AstraZeneca, Pfizer, Bayer, Bristol-Myers Squibb, and Boehringer-Ingelheim.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transport and accommodation during participation in congresses.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Roche Diagnostics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have received one consultancy fee after participation in a meeting (2017)
AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board + speaker/chairman August 2019
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am responsible for two research projects that are supported by relatively small unrestricted grants from B.I.
MundiPharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participation in one advisory board meeting (November 2019)
Lundbeck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data Monitoring Committees

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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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.

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Section 1. Identifying Information

1. Given Name (First Name)
Morten
2. Surname (Last Name)
Würtz
3. Date
22-August-2020
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Maja Hellfritzsch
5. Manuscript Title
Menoragi under antikoagulerende behandling
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Name of Entity	Grant ?	Personal Fees ?	Non-Financial Support ?	Other ?	Comments
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorar for undervisning og deltagelse i advisory boards
BMS/Pfeizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorar for undervisning og deltagelse i advisory boards
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorar for undervisning og deltagelse i advisory boards



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Dr. Würtz reports personal fees from Bayer, personal fees from BMS/Pfizer, personal fees from Boehringer Ingelheim, outside the submitted work; .

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