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Date: 15. mar	rts 2021		
Your name:	Thomas Benfield		
Manuscript title: Metoder til opsamling af øvre luftvejsmateriale til COVID-19 diagnostik			
Manuscript nu	mber (if known):		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		

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Tim	Time frame: past 36 months			
2	Grants or contracts from	□ None		
	any entity (if not indicated	Novo Nordisk	Unrestricted grant to my institution	
	in item #1 above).	Foundation		
		Simonsen Foundation	Unrestricted grant to my institution	
		Lundbeck Foundation	Unrestricted grant to my institution	
		Kai Foundation	Unrestricted grant to my institution	
		Erik and Susanna	Unrestricted grant to my institution	
		Olesen's Charitable Fund		

		GSK	Unrestricted grant to my institution and advisory
			board
		Pfizer	Unrestricted grant to my institution, principal
			investigator//clinical trial, advisory board
		Boehringer Ingelheim	Principal investigator/clinical trial
		Gilead Sciences	Unrestricted grant to my institution, principal
			investigator//clinical trial, advisory board
		MSD	Unrestricted grant to my institution, principal
			investigator, advisory board
		Pentabase	Board member
		Roche	Principal investigator/clinical trial
		Novartis	Principal investigator/clinical trial
		Kancera AB	Principal investigator/clinical trial
		Kancera Ab	Trincipal investigator/clinical trial
3	Royalties or licenses	■ None	
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4	Consulting fees	□ None	
		GSK	
		Pfizer	
5	Payment or honoraria for	□ None	
3	lectures, presentations,		I a a de como
	speakers bureaus,	GSK	lecture
	manuscript writing or	Pfizer	lecture
	educational events	Gilead Sciences	lecture
	educational events	Boehringer Ingelheim	lecture
		Abbvie	lecture
4	Daymont for ayport	None.	
6	Payment for expert testimony	None Non	
	lestimony		
7	Support for attending		
,	meetings and/or travel	M MOHE	
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8	Patents planned, issued or	■ None	
	pending	Z None	
9	Participation on a Data	■ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
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12		☐ None	

	Receipt of equipment,	Eli Lilly	Donation of trial medication (baricitinib)
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		

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Date : 4. marts 2021
Your name: Christian von Buchwald
Manuscript title: Diagnostic accuracy and cost description of rapid antigen test compared with RT-PCR for SARS-CoV-2 detection
Manuscript number (if known): 1144309

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	item.		

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Tim	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
,				
3	Royalties or licenses	None Non		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 22. marts 2021		
You	r name: Freddy Lippert		
	3 11	or til oncomling of ovro lufty	ejsmateriale til COVID-19 diagnostik
	·		ejsmateriale tii COVID-19 diagnostik
ıvıar	nuscript number (if known):	
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing, article processing charges,		
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Time	e frame: past 36 months		
2	Cranto ar contracts form	□ None	
2	Grants or contracts from	□ None	Lucia de la compansión de
	any entity (if not indicated in item #1 above).	Laerdal Foundation	Unrestricted research grant
	$\pi \pi $	TrygFonden	Unrestricted research grant
		Novo Nordisk Foundation	Unrestricted research grant
3	Royalties or licenses	None Non	
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4	Consulting fees	None Non	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	3		
10	Leadership or fiduciary role in other board,	None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	None Non	
	nnanciai interests		

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Dat	e: 22. marts 2021		
You	r name: Tobias Todsen		
Mai	nuscript title: Metode	er til opsamling af øvre luftve	ejsmateriale til COVID-19 diagnostik
Mai	nuscript number (if known):	
are ro third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
manı	uscript only.		
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plar	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Time 1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
_	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. e frame: past 36 months	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
Time	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution)
Time	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution)
Time	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None		
	educational events			
6	Payment for expert testimony	⊠ None		
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or	⊠ None		
0	pending	⊠ None		
9	Participation on a Data Safety Monitoring Board	⊠ None		
	or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-	⊠ None		
13	financial interests	KA IAOHE		

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Date	e : 22. marts 2021		
	r name: Nikolai Kirkby		
		or til opsamling of gyra lyftyr	Signatorials til COVID 10 diagnostik
	•		ejsmateriale til COVID-19 diagnostik
ıvıar	nuscript number (if known):	
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	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup ritems, the time frame for	•	d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	☐ None	
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		Foundation	To Direct constant
	article processing charges,	Novo Nordisk Louis Hansen Fonden	To Rigshospitalet To Rigshospitalet
	etc.)	Louis Hallsell Folluell	10 RigsHospitalet
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Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses		
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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