ICMJE DISCLOSURE FORM

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Dat	e : 10. juni 2021			
You	r name:	Jens Sønd	dergaard	
Mai	nuscript title:	1	Multimorbidtet – stor udford	ring kræver store ændringer
Mai	nuscript number	(if known):	
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perta antih In ite	nins to the epider rypertensive med rm #1 below, repo	miology of lication, ev	hypertension, you should ven if that medication is n	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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Tim	e frame: past 36 m	onths		
2	Grants or contract	ts from	□ None	
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4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations,	⊠ None		
	speakers bureaus, manuscript writing or			
	educational events			
6	Daymont for avert			
6	Payment for expert testimony	None		
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7	Cuppert for attending	M N		
/	Support for attending meetings and/or travel	⊠ None		
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٥	Patents planned, issued or pending	⊠ None		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
		None		
10	Leadership or fiduciary role in other board,	⊠ None		
10		None		
	society, committee or			
	advocacy group, paid or unpaid			
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11	Stock or stock options	⊠ None		
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	⊠ None		
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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 pla	nning of the work		
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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			

4	Consulting fees	⊠ None		
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6	Payment for expert testimony	⊠ None		
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7	Support for attending meetings and/or travel	⊠ None		
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	unpaid			
11	Stock or stock options	⊠ None		
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	⊠ None		
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