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Dat	e: 2. marts 2021		
You	Ir name: Marianne Tang	Severinsen	
Mai	nuscript title: Diagno	stik og behandling af myelody	rsplastisk syndrom og akut myeloid leukæmi
Mai	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>
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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)
Tim	e frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Tim	e frame: past 36 months		-
2	Grants or contracts from any entity (if not indicated in item #1 above).		
2	L	B.V.	
3	Royalties or licenses	None	

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 Celegene	EHA 2019
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	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	None Non	

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Dat	e : 9. marts 2021		
You	r name: Anne Stidsholt F	Roug	
Mai	nuscript title: Diagnostik og	g behandling af myelodys	olastisk syndrom og akut myeloid leukæmi
Mai	nuscript number (if known):	
are r 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	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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Tim 1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	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, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
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4	Consulting fees None				
5	Payment or honoraria for lectures, presentations,	⊠ None			
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	⊠ None			
	testimony				
7	Support for attending	⊠ None			
	meetings and/or travel				
8	Patents planned, issued or	⊠ None			
	pending				
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			
12	Receipt of equipment,	⊠ None			
	materials, drugs, medical				
	writing, gifts or other services				
	JCI VICE3				
13	Other financial or non-	⊠ None			
	financial interests				

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Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 9. marts 2021				
Your name: Daniel Kristensen				
Manuscript title: MDS og akutte leukæmier				
Manuscript number (if known): UFL-03-21-0202				

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)
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	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			
	in item #1 above).			
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 Non	
7	Support for attending meetings and/or travel	□ None	2019: Roche Itd. 2019+2020: Novartis
8	Patents planned, issued or pending	None Non	
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 Non	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	None Non	

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