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

Date: 25. marts 2021		
Your name:	Trine Alma Knudsen	
Manuscript title: Forhøjede Blodcelletal og Vaskulær Sygdom. De Myeloproliferative Neoplasier som		
Manuscript number (if known):		

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Tim	e frame: Since the initial plar	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)
1			
	All support for the present	None None	r
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	No time limit for this		
	item.		

Click TAB in last row to add extra rows

2	2 Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
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
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 Image: Second
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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Date: 26. marts 2021			
Your name: Ander	s Lindholm Sørensen		
Manuscript title:	Forhøjede Blodcelletal og Vaskulær Sygdom. De Myeloproliferative Neoplasier som Modelsygdomme		
Manuscript number (if known):			

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

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
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
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	□ None

 \boxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 24. februar 2021			
Your name: Morten Kranker Larsen			
Manuscript title: Forhøjede Blodcelletal og Vaskulær Sygdom. De Myeloproliferative Neoplasier som Modelsygdom			
Manuscript number (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</u> <u>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.

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

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2	2 Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
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
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	⊠ None

 \boxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: Klik eller tr	yk for at angive	en dato.	MAR	28	2021	
Your name:	DANIEL	FL		SST		
Manuscript title:	Forho	Kde	6100	Inthe	etal	
Manuscript numb			1005-0	- cert		

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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.

Tin	ne frame: Since the initial plan	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)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	K None	
	No time limit for this item.		

Time frame: past 36 months

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Grants or contracts from any entity (if not indicated	None	
in item #1 above).		
Royalties or licenses	None	

	4 Consulting fees	None
5	Payment or honoraria fo 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 o pending	r 🛱 None
9	Participation on a Data Safety Monitoring Board or Advisory Board	Done None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	Di None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	Di None

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Your name:	Sabrina Cordua
Manuscript ti	itle: Forhøjede blodcelletal og vaskulær sygdom. De myeloproliferative neoplasier som modelsygdomme

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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 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.) No time limit for this item.	X None	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	x None
2	Royalties or licenses	
3	Royalties of licenses	None

4	Consulting fees	Ø 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	X 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
11	Stock or stock options	X 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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Date: 27. marts 2021				
Your name:	Your name: Gitte Thomsen			
Manuscript title: Forhøjede Blodcelletal og Vaskulær Sygdom. De Myeloproliferative Neoplasier som modelsygdom				
Manuscript number (if known):				

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

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
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
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
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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Date: 25. marts 2021				
Your name: Christina Ellervik				
Manuscript title: Forhøjede blodcelletal				
Manuscript number (if known):				

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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	ning of the work	
1	All support for the present	🖾 None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.) No time limit for this item.		

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
	·	•	
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
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 Image:
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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Date: 25. marts 2021				
Your name: Troel	Your name: Troels Wienecke			
Manuscript title: Forhøjede Blodcelletal og Vaskulær Sygdom. De Myeloproliferative Neoplasier				
Manuscript number (if known): UFL-03-21-0282				

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Tim	o from a Cinco the initial plan	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)
	e frame: Since the initial plan	ining of the work	
1	All support for the present	🖾 None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
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2	Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
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
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 Image:
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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Date: 25.	marts 2021	
Your name:	: Niels Eske Bruun	
Manuscript title:		
Manuscript number (if known):		

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Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work	Specifications/Comments (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.)	⊠ None	
	No time limit for this item.		

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2	Grants or contracts from any entity (if not indicated	□ None I have received a Clinical Trial grant from the Novo Nordisk Foundation, not related to the present work	
	in item #1 above).		
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	
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 Related to the	present work
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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Date: 31. marts 202	1	
Your name: Vibe S	Skov	
Manuscript title:	Forhøjede Blodcelletal og Vaskulær Sygdom.	
Manuscript number (if known):		

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1	All support for the present	🖾 None	
	manuscript (e.g., funding,		
	provision of study		
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	article processing charges,		
	etc.)		
	No time limit for this		
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Click TAB in last row to add extra rows

2	Grants or contracts from any entity (if not indicated	⊠ None		
	in item #1 above).			
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
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 Image:
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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Date: 29. marts 2021

Your name: Marie Bak

Manuscript title: Forhøjede Blodcelletal og Vaskulær Sygdom. De Myeloproliferative Neoplasier som Modelsygdomme.

Manuscript number (if known):

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

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1 All support for the present manuscript (e.g., funding, provision of study	ou or to your
materials, medical writing, article processing charges, etc.)	

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
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
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 Image: Second
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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Date: 25. marts 2021

Your name: Sarah Friis Christensen

Manuscript title: Forhøjede Blodcelletal og Vaskulær Sygdom. De Myeloproliferative Neoplasier som Modelsygdomme

Manuscript number (if known): UFL-03-21-0282

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Manuscript tit	le: Forhajede	Bloddelletal og vaskular syglom. MPNS som Modelsyglen
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3	Royalties or licenses	None
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	A None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	A S 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
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13	Other financial or non- financial interests	None

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26/3'21 J. Shartten

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Your name: Hans	Your name: Hans Hasselbalch			
Manuscript title:	Forhøjede Blodcelletal og Vaskulær Sygdom.			
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3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None AOP Orphan Image: Constraint of the second se
6	Payment for expert	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
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8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board	
	or Advisory Board	AOP Orphan
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10	Leadership or fiduciary role in other board,	⊠ None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Mone .	
3	Royalties or licenses	None	
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4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	M 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
11	Stock or stock options	₫⁄None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Ø None
13	Other financial or non- financial interests	1 None

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Date: 26. marts 2021				
Your name: Christ	Your name: Christina Schjellerup Eickhardt-Dalbøge			
Manuscript title:	Forhøjede blodcelletal og Vaskulær sygdom. De myeloproliferative sygdomme som			
Manuscript number (if known):				

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	any entity (if not indicated		
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3	Royalties or licenses	🖾 None	

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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
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Manuscript title:	Forhøjede Blodcelletal og Vaskulær Sygdom.
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5	Payment or honoraria for	Ø None
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	educational events	
6	Payment for expert	D None
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	materials, drugs, medical	
	writing, gifts or other	
	services	
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	or Advisory Board	
10		None
10	Leadership or fiduciary	⊠ None
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11	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	Image: None
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