Date	e: 10. juni 2021				
You	Your name: Bente Jensen				
Mar	nuscript title: Lyme a	arthritis – does it exist in Der	nmark?		
Mar	nuscript number (if known)):			
are re third comr list a The f manu The a perta antih	elated to the content of your parties whose interests manitment to transparency are relationship/activity/interests of collowing questions apply to ascript only. Buthor's relationships/activities to the epidemiology of ypertensive medication, experience of the content of the	ur manuscript. "Related" ay be affected by the cont and does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
	m #1 below, report all support		d in this manuscript without time limit. For all nonths.		
		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			
	manuscript (e.g., funding, provision of study				
	materials, medical writing,				
	article processing charges,				
	etc.)				
	No time limit for this item.				
			Click TAB in last row to add extra rows		
Time	e frame: past 36 months				
	e trame. past so 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 None
6	Payment for expert testimony	None 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 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 None
13	Other financial or non- financial interests	None None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 27. marts 2021			
Your name: Henning Locht				
Mar	nuscript title: Lyme a	arthritis – does it exist in Der	nmark?	
Mar	nuscript number (if known)):		
are re third comr list a	elated to the content of you 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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.	
	uscript only.		os/activities/interests as they relate to the <u>earrent</u>	
perta antih In ite	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)	
Time	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,	⊠ None		
	etc.) No time limit for this item.			
			Click TAB in last row to add extra rows	
Time	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 None
6	Payment for expert testimony	None 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 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 None
13	Other financial or non- financial interests	None None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 27. marts 2021		
You	ır name: Tilde Müller		
Mai	nuscript title: Lyme a	arthritis – does it exist in De	nmark?
Mai	nuscript number (if known):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	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.
	following questions apply to uscript only.	o the author's relationshi _l	os/activities/interests as they relate to the <u>current</u>
perta	ains 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.
	em #1 below, report all sup r items, 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, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
	l	<u>I</u>	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses		

4	Consulting fees	None
5	Payment or honoraria for	⊠ None
5	lectures, presentations, speakers bureaus, manuscript writing or educational events	∆ No⊓e
6	Payment for expert testimony	⊠ None
	tostimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or pending	⊠ None
	pending	
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	Charles	
11	Stock or stock options	None Non
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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 27. marts 2021			
Your name: Lene Nielsen				
Mar	nuscript title: Lyme a	arthritis – does it exist in Der	nmark?	
Mar	nuscript number (if known)):		
are re third comr list a	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" i 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>	
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)	
Time	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 Non		
	No time limit for this			
	item.			
			Click TAB in last row to add extra rows	
Tim	e frame: past 36 months			
1 11111	e Iraine. past 30 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 None
6	Payment for expert testimony	None 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 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 None
13	Other financial or non- financial interests	None None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	3		
You	r name: Inge Panum		
Mai	nuscript title: Lyme a	erthritis – does it exist in Der	nmark?
Mai	nuscript number (if known):	
are ro third comr list a The f	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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported	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.
		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	None None	
	item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses		

4	Consulting fees	None Non
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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