Dat	e : 24. april 2021		
	Ir name: Anna Klajnbard		
		amination or ofto foreto valo	yed fortilitatehohondling
	nuscript title: Intrauterin ins		ved ler tilitetsbenandling
IVIai	nuscript number (if known):	
are re third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere following questions apply to	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. Des/activities/interests as they relate to the current
manı	uscript only.		
perta antih	nins to the epidemiology of hypertensive medication, ev	hypertension, you should en 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 suppritems, 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)
Tim	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.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
0		- N	
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	■ None	
Ŭ		LI NOIIC	

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

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 24. april 2021				
	r name: Anne Zedeler				
	Manuscript title: Interuterinbehandling er ofte første valg ved reagensglasbehandling				
	nuscript number (if known)		eu reagensglasbenanullig		
IVIAI	iuscript riumber (ii known).			
are re 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>		
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 suppritems, 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.				
			Click TAB in last row to add extra rows		
Time	e frame: past 36 months				
2	Grants or contracts from	Name .			
2	any entity (if not indicated	None Non			
	in item #1 above).				
3	Royalties or licenses				

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

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 23. april 2021		
You	r name: Mette Petri Laur	itsen	
Mar	nuscript title: Intraut	erin insemination er ofte før	stevalg ved inseminationsbehandling
Mar	nuscript number (if known)):	
are re 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 cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n 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		
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 Non	
	item.		
			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).	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
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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	te: 24. april 2021		
You	ur name: Nina la Cour Fr	eiesleben	
Ma	nuscript title: Intrauterin	insemination er ofte første v	valg ved fertilitetsbehandling
Ma	nuscript number (if knowr	n):	
are r third com list a	related to the content of your parties whose interests m mitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the con 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. ps/activities/interests as they relate to the current
	uscript only.	o the author's relations in	psyactivities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, e	f hypertension, you should ven if that medication is n port for the work reporte	defined broadly. For example, if your manuscript dideclare all relationships with manufacturers of not 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)
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	
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		them is in the same and the
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None Gedeon Richter	Payment to institution, unrestricted grants.
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None		
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Nov. 15, 2018 Merck A/S, lecture/presentation.	Payment to me.	
	B			
6	Payment for expert testimony	⊠ None		
	testimony			
7	Support for attending	□ None		
	meetings and/or travel	Ferring Pharmaceuticals, Merck A/S, Gedeon Richter.	Payment to institution.	
4 0				
8	Patents planned, issued or	⊠ None		
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board or Advisory Board	June 11, 2018, Guerbet, Advisory Board.	Payment to me.	
10	Leadership or fiduciary	□ None		
	role in other board, society, committee or advocacy group, paid or unpaid	Since 2018, Head of the steering committee for the Danish Fertility Guidelines made by the members of the Danish Fertility Society.	No payment.	
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		

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

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

24. april 2021 May 2 Court

Date	e: 24. april 2021				
You	r name: Pernille Fog Sve	endsen			
Mar	Manuscript title: Intrauterin insemination er ofte førstevalg ved fertilitetsbehandling				
Mar	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.		
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n 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	nning 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.				
		1	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).	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
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None 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 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

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal