

ICMJE DISCLOSURE FORM

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Date: 20. maj 2021

Your name: Anne Lærke Spangmose

Manuscript title: Børn født efter assisteret befrugtning

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 frame: Since the initial planning 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.	<input checked="" type="checkbox"/> None	

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 31. maj 2021

Your name: Anna-Karina Aaris Henningsen

Manuscript title: Børn født efter assisteret befrugtning

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		Ferring	Fee for data analysis
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 20.05.2021

Your name: Bjørn Bay

Manuscript title: Børn født efter assisteret befrugtning

Manuscript number (if known):

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Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None X
3	Royalties or licenses	<input type="checkbox"/> None X

4	Consulting fees	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Merck	Teaching of colleagues in follow up on children born following fertility treatment
6	Payment for expert testimony	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Best of ESHRE and ASRM	2018, New York, US.
8	Patents planned, issued or pending	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
11	Stock or stock options	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
13	Other financial or non-financial interests	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	

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Date: 31. maj 2021

Your name: Ulrik Schiøler Kesmodel

Manuscript title: Børn født efter assisteret befrugtning

Manuscript number (if known):

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		IOVIA	Contribution to design and conduct of registerbased study
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		IBSA Nordic	Instruction for use
		Merck	Teaching of colleagues in lifestyle and fertility
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 20. maj 2021

Your name: Anja Pinborg

Manuscript title: Børn født efter assisteret befrugtning

Manuscript number (if known): -

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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Gedeon Richter	Payment to institution
		Ferring Pharmaceuticals	Payment to institution
		Merck A/S	Payment to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		Preglem	Payment to me
		Novo Nordisk	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Gedeon Richter	Payment to me
		Ferring Pharmaceuticals	Payment to me
		Merck A/S	Payment to me
	Theramex	Payment to me	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Gedeon Richter	Payment to institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Preglem	Payment to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Gedeon Richter	Lend of embryoscope to institution
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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