

ICMJE DISCLOSURE FORM

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Date: 27. januar 2021

Your name: Tom Hemming Karlsen

Manuscript title: Er leversygdomme et overset problem i Europa?

Manuscript number (if known): VPLED 205107

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.

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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.)	<input checked="" type="checkbox"/> None	
	No time limit for this item.		

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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 type="checkbox"/> None	Novartis, Engitix, Intercept
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Gilead, AlfaSigma
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 type="checkbox"/> None	Ultimovacs
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	

Please place an "X" next to the following statement to indicate your agreement:

☒ 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: 6. april 2021

Your name: Aleksander Krag

Manuscript title: Redaktør

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	
		EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031
		EU Horizon 2020	PI in LiverScreen, EU funded under grant agreement No 847989
		EU Horizon 2020	PI in MicrobPredict, EU funded under grant agreement No 825694.
		EU Horizon 2020	PI in IHMCSA, EU funded under grant agreement No 964590

		Novo Nordisk Foundation	PI in MicroLiver, A Challenge Grant, grant number NNF15OC0016692 from the Novo Nordisk Foundation
		Innovationsfonden	Research funding, Innoexplorer
		Danmarks Grundforskningsfond	PI in ATLAS, Grundforskningscenter
		Region Syddanmark	Center grant for Elite Research Centre FLASH

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 type="checkbox"/> None	
		Norgine	Lectures
		Siemens	lectures, speaker's bureau

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 type="checkbox"/> None	
		Norgine	Rifaximin for an investigator initiated study, Galaxy EU funded under grant agreement No 847989
		Siemens	ELF test for an investigator initiated study

		Echosence	Fibroscan for an investigator initiated study, LiverScreen EU funded under grant agreement No 847989
13	Other financial or non- financial interests	<input checked="" type="checkbox"/> None	

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