Date	e: 6. april 2021		
You	r name: Andreas Nordho	olm-Carstensen	
Mar	nuscript title: Kryptog	glandulære analfistler og der	res behandling. Hvad gør vi nu?
	nuscript number (if known		
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	m #1 below, report all suppritems, the time frame for		d in this manuscript without time limit. For all months.
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Time	e frame: Since the initial plan	ning of the work	
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			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	
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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None Takeda Pharma A/S	Conducting systematic review on treatment for perianal Crohn's fistulae. Personal honorarium.
6	Payment for expert	□ None	
	testimony	Sacomed APS	Expert testimony on high-resolution anoscopy. Personal honorarium.
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7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	⊠ None	
,	Safety Monitoring Board	△ None	
	or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or	None Non	
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	☑ None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other		
	services		
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Date : 6. april 2021		
Your name: Helene Perrega	ard	
Manuscript title: Krypto	glandulære analfistler og de	res behandling. Hvad gør vi nu?
Manuscript number (if known): UFL-11-20-0866	
are related to the content of you third parties whose interests m	our manuscript. "Related" ay be affected by the cont and 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.
The following questions apply t manuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
pertains 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.
In item #1 below, report all sup other 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 frame: Since the initial plan	nning of the work	
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
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Time frame: past 36 months		Click TAB in last row to add extra rows

Grants or contracts from

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Royalties or licenses

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None

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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 Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	None Non	

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Date : 17. april 2021			
Your name: Lilli Lundby			
Manuscript title: Kryptoglandulære analfistler og deres behandling. Hvad gør vi nu?			
Manuscript number (if known): UFL-11-20-0866			

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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	nning 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.	⊠ None	

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Tim	Time frame: past 36 months			
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	⊠ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Dayment for expert	M Name	
O	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
,	meetings and/or travel	⊠ None	
	meetings and/or traver		
8	Patents planned, issued or	⊠ None	
	pending	- None	
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
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10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or unpaid		
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11	Stock or stock options	⊠ None	
	Stock of Stock options	⊠ No⊓e	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
13	financial interests	⊠ None	
	illiandal interests		

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Date	e : 17. april 2021		
You	r name: Helene Rask Da	lby	(Margare) alsy
Mar	nuscript title: Kryptog	glandulære analfistler og der	res behandling. Hvad gør vi nu?
Mar	nuscript number (if known): UFL-11-20-0866	
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perta antih	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven 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 all support items, the time frame for		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	⊠ None	
	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 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

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Dat	e : ₂₂₋₀₄₋₂₁		
You	r name: Anders Dige		
Mai	nuscript title: Krypto	glandulære analfistler og d	eres behandling. Hvad gør vi nu?
Mai	nuscript number (if known): UFL-11-20-0866	
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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)
Time	e frame: Since the initial plar	And the state of t	TERRENAL HARVESTALL SECTION
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None	
	No time limit for this item.		
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	.X□ None	
3	Royalties or licenses	X□ None	

4	Consulting fees	X□ None
5	Payment or honoraria for	X□ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X□ None
Ü	testimony	ALI NOTIC
7	Support for attending	X□ None
	meetings and/or travel	
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8	Patents planned, issued or	X□ None
	pending	
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9	Participation on a Data Safety Monitoring Board	X□ None
	or Advisory Board	
	or managery board	
10	Leadership or fiduciary	X□ None
	role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	X□ None
12	Receipt of equipment,	X□ None
12	materials, drugs, medical	ALI None
	writing, gifts or other	
	services	
13	Other financial or non-	X□ None
	financial interests	
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Pleas	se place an "X" next to the	following statement to indicate your agreement:
	I certify that I have answe	ered every question and have not altered the wording of any of the
	tions on this form.	
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our na	our name: Mildit	Mare Barkelin Hagen
Janusc	Aanuscript title:	Kryptoglandulære analfistler og deres behandling, Hvad gør vi nu?

Manuscript number (if known): UFL-11-20-0866

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	Time frame: Since the initial planning of the work	All support for the present	manuscript (e.g., funding,	provision of study	materials, medical writing,	article processing charges,	etc.)	47 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	No time limit for this	item.	
Name all entities with whom you have this relationship or indicate none (add rows as needed)	ning of the work	None 🗵									
Specifications/Comments (e.g., if payments were made to you or to your institution)	CONTRACTOR OF THE PARTY OF THE										Click TAR in last row to add extra rows

Time frame: past 36 months

None

LS.	Payment or honoraria for	None
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
	Payment for expert testimony	☑ None
	Support for attending meetings and/or travel	None
	Patents planned, issued or pending	☑ None
	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
17	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None