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r name: Helene Perrega	ard	
	perianale fistler med mesen	kymale stamceller og friskt høstet autologt fedtvæv.
nuscript number (if knowr	n): UFL-09-20-0715	
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0 1 11 3	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
ins to the epidemiology of	f hypertension, you should	d declare all relationships with manufacturers of
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	Name all entities with	Specifications/Comments
	whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
e frame: Since the initial plac		
manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	Z NOTE	
etc.)		
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Grants or contracts from	None	
any entity (if not indicated		
in item #1 above).		
Royalties or licenses	None Non	
	nuscript title: Behandling and der status? nuscript number (if known der interest of transparency, delated to the content of your parties whose interests mitment to transparency a relationship/activity/interest following questions apply to suscript only. Buthor's relationships/activity descript only. Buthor's relationships/activity descript only. Buthor's relationships/activity descript only. Buthor's relationships descriptions to the epidemiology of the sypertensive medication, ending the sypertensive medication, ending the sypertensive description of study materials, medical writing, article processing charges, etc.) No time limit for this item. Be frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).	nuscript title: Behandling af perianale fistler med mesen der status? nuscript number (if known): UFL-09-20-0715 e interest of transparency, we ask you to disclose all elated to the content of your manuscript. "Related" parties whose interests may be affected by the content to transparency and does not necessarily in relationship/activity/interest, it is preferable that your manuscript only. Sollowing questions apply to the author's relationship uscript only. Buthor's relationships/activities/interests should be going to the epidemiology of hypertension, you should have the epidemiology of hypertension, you should have the epidemiology of hypertension, you should have the time frame for disclosure is the past 36 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). None

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

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Dat	e: ₂₀₋₀₄₋₂₁		
You	ır name: Anders DIge		
	nuscript title : Behandling af d er status?	perianale fistler med meser	nkymale stamceller og friskt høstet autologt fedtvæv.
Ma	nuscript number (if known): UFL-09-20-0715	
are r third comi	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the con nd does not necessarily ir	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	ps/activities/interests as they relate to the <u>current</u>
perta antih	ains to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is r	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript.
	rm #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)
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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.	x□ None	
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Tim	e frame: past 36 months		the state of the state of the state of the state of
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	X□ None
6	Payment for expert testimony	X□ None
7	Support for attending meetings and/or travel	X□ None
8	Patents planned, issued or pending	X□ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X□ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X□ None
11	Stock or stock options	X□ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X□ None
13	Other financial or non- financial interests	X□ None
(_	e following statement to indicate your agreement: ered every question and have not altered the wording of any of the

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D-4			
Date			
You	r name: Kikke Bartholin	Hagen	
	nuscript title : Behandling af d er status?	perianale fistler med mesen	kymale stamceller og friskt høstet autologt fedtvæv.
Mar	nuscript number (if known): UFL-09-20-0715	
are re third comn	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 ou do so.
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	m #1 below, report all sup 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 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.		
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Time	e frame: past 36 months		
2	Grants or contracts from		
	any entity (if not indicated in item #1 above).		
	-	l	
3	Royalties or licenses	None Non	

4	Consulting fees	None Non	
5	Payment or honoraria for	None Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
0	testimony	⊠ None	
	j		
7	Support for attending	None Non	
,	meetings and/or travel	Z None	
8	Patents planned, issued or	None Non	
	pending	2 110110	
9	Participation on a Data	None Non	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
		Z None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None Non	
	financial interests		

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Date	27. april 2021		
You	r name: Andreas Nordho	olm-Carstensen	
	nuscript title : Behandling af d er status?	perianale fistler med mesen	kymale stamceller og friskt høstet autologt fedtvæv.
Mar	nuscript number (if known): UFL-09-20-0715	
are re third comn 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 control 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. Discriptions/interests as they relate to the current
oerta antih n ite	ins 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.)	⊠ None	
	No time limit for this item.		
		l	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	
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3	Royalties or licenses	None Non	

4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Takeda A/S	Payment for systematic review on perianal Crohns disease
6	Payment for expert testimony	⊠ None	
7	Support for attending	None Non	
,	meetings and/or travel	∆ None	
8	Patents planned, issued or		
0	pending	ZiNone	
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 Non	
11	Stock or stock options	None	
12	Receipt of equipment,	None Non	
12	materials, drugs, medical writing, gifts or other services	NOIIC	
13	Other financial or non- financial interests	None	

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Date	e: 19. april 2021		
You	r name: Lilli Lundby		
	nuscript title : Behandling af d er status?	perianale fistler med mesen	kymale stamceller og friskt høstet autologt fedtvæv.
Mar	nuscript number (if known): UFL-09-20-0715	
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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 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 any entity (if not indicated	⊠ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	
9	, artics of meerioes	∠ None	

4	Consulting fees	⊠ None
-	Consulting rees	None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	Z None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
	-	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	- None
	or Advisory Board	
	,	
10	Leadership or fiduciary	None Non
	role in other board,	
	society, committee or	
	advocacy group, paid or	
	advocacy group, paid or unpaid	
11	advocacy group, paid or	⊠ None
11	advocacy group, paid or unpaid	⊠ None
11	advocacy group, paid or unpaid	⊠ None
	advocacy group, paid or unpaid Stock or stock options	
11 12	advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	None None None
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12	advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None □
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12	advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None □

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Date	e : 28. april 2021		
You	r name : Helene Rask Da	lby	
	nuscript title : Behandling af d er status?	perianale fistler med mesen	kymale stamceller og friskt høstet autologt fedtvæv.
Mar	nuscript number (if known): UFL-09-20-0715	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency a 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	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 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.		
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Time	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated	None Non	
	in item #1 above).		
3	Royalties or licenses	☑ None	

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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	M None
9		None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
11	Stock or stock options	⊠ None
11		Notice
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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