

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: Klik eller tryk for at angive en dato. 1/10-2021

Your name: Anne Sofie Andreassen

Manuscript title: Første to tilfælde af Candida auris i Danmark

Manuscript number (if known):

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Date: 1. oktober 2021

Your name: Knudsen, Jenny Dahl

Manuscript title: Første to tilfælde af Candida auris i Danmark

Manuscript number (if known):

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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	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 4. oktober 2021

Your name: Rasmus Krøger Hare

Manuscript title: Første to tilfælde af Candida auris i Danmark

Manuscript number (if known):

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Date: 8. oktober 2021

Your name: Maiken Cavling Arendrup

Manuscript title: To første tilfælde af *Candida auris* i Danmark

Manuscript number (if known):

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Time frame: past 36 months

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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 Gilead, Chiesi, MSD, SEGES, Astellas	1-2 lectures each at various meetings. Honorarium paid to me
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	
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Date: 7. oktober 2021

Your name: Jette Marie Bangsborg

Manuscript title: Første to tilfælde af *Candida auris* i Danmark

Manuscript number (if known):

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Date: 7. oktober 2021

Your name: Karen Marie Thyssen Astvad

Manuscript title: To første tilfælde af *Candida auris* i Danmark

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Pfizer	Speaker honoraria (personal)
		Gilead	Speaker honoraria (personal)
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	
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Date: 2. oktober 2021

Your name: Valeria Antsupova

Manuscript title: Første to tilfælde af *Candida auris* i Danmark

Manuscript number (if known): UFL-07-21-0614

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Date: 21. september 2021

Your name: Marie Theut

Manuscript title: Første to tilfælde af Candida auris i Danmark

Manuscript number (if known):

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Date: 8. oktober 2021

Your name: Dorte Buhl

Manuscript title: To første tilfælde med Candida auris i Danmark

Manuscript number (if known):

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Date: 5. oktober 2021

Your name: Maarianne Midttun

Manuscript title: Første to tilfælde af candida auris i Danmark

Manuscript number (if known):

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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	

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.

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.