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 San Charles Bloom part automate systematic
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
11	Stock or stock options	None Sandana Rosanti et alifeta en militar e
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	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.

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Da	te: Klik eller tryk for at angiv	ve en dato. 1/10 - 201	-1
Yo	ourname: Anne So	pe Andreasin	
M	anuscript title: Fan	ie to tilteld	e of Candida annis: Danne
м	anuscript number (if knowr	n):	
re hir on	related to the content of yo d parties whose interests m	our manuscript. "Related" ay be affected by the cor and does not necessarily in	Il relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.
he nar	following questions apply to nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
eri nti n it	tains to the epidemiology o hypertensive medication, e	f hypertension, you shoul even if that medication is oport for the work reports	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.  ed in this manuscript without time limit. For all months.
8		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)
ď	ne frame: Since the initial pla	the second secon	
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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2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3		None	

Page 1 of 2

M In t	anuscript title: Første anuscript number (if know	Contraction of the same of the	
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In t	andscript number (ii know	n):	
thir con	related to the content of your parties whose interests m	our manuscript. "Related hay be affected by the co and does not necessarily i	Il relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so.
	following questions apply t nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
anti n it	hypertensive medication, e	port for the work reported disclosure is the past 36  Name all entities with whom you have this relationship or indicate	d declare all relationships with manufacturers of not mentioned in the manuscript.  ed in this manuscript without time limit. For all months.  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.)	⊠ None	
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Tim 2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	23 Note
	speakers bureaus,	
	manuscript writing or educational events	
6	Down and Constant	
6	Payment for expert testimony	⊠ None
	testimony	
_		
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
	V	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary	B.,
10	role in other board,	⊠ None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	M None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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

Date	<b>e</b> : 4. oktober 2021		
You	r name: Rasmus Krøger	Hare	
Mar		to tilfælde af Candida auris i	Danmark
-	nuscript number (if known)		
are re third comr	elated to the content of you 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 bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins 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.
	m #1 below, report all suppritems, 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 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 in item #1 above).		
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
13	Other financial or non- financial interests	None

 $\boxtimes$  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

Date			
You	r name: Maiken Cavling	Arendrup	
Mar	nuscript title: To førs	te tilfælde af <i>Candida auris</i>	i Danmark
Mar	nuscript number (if known	):	
are re third comn 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 connd 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.  ps/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is r port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not 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	ning of the work	
1	All support for the present	None	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated	□ None	Dayment to the SCI (not personal fee) for contract
	in item #1 above).	Amplyx, Basilea, Cidara, F2G, Gilead, Novabiotics and Scynexis	Payment to the SSI (not personal fee) for contract research.
3	Povalties or licenses	M None	

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4	Consulting fees		
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5	Payment or honoraria for lectures, presentations,	□ None	1 2 leet was each at various macetings. Howeverium
	speakers bureaus,	Gilead, Chiesi, MSD, SEGES, Astellas	1-2 lectures each at various meetings. Honorarium paid to me
	manuscript writing or	ozozoj i istolias	paid to the
	educational events		
6	Payment for expert	■ None	
	testimony		
7	Support for attending meetings and/or travel	■ None	
	ineetings and/or traver		
8	Patents planned, issued or pending		
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9	Participation on a Data	None     Non	
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	or Advisory Board		
10	Leadership or fiduciary		
	role in other board,	2 110110	
	society, committee or advocacy group, paid or		
	unpaid		
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11	Stock or stock options		
12	Descript of equipment	N Name	
12	Receipt of equipment, materials, drugs, medical	None     Non	
	writing, gifts or other		
	services		
13	Other financial or non-	None     Non	
	financial interests		

 $\boxtimes$  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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ICMJE Disclosure Form (Feb2021): http://icmje.org	Ugeskrift for Læger / Danish Medical Journal	Page 3 of 3		

Dat	e: 7. oktober 2021				
Your name: Jette Marie Bangsborg					
Mai	Manuscript title: Første to tilfælde af <i>Candida auris</i> i Danmark				
Mai	nuscript number (if known)	:			
are third com list a	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 <u>current manuscript only</u> .				
pert anti In it	The author's relationships/activities/interests should be <u>defined broadly</u> . 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.				
		B1 11 1212 111			
		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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Time	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your		
	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your		
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)		
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.	whom you have this relationship or indicate none (add rows as needed) ning of the work  None	(e.g., if payments were made to you or to your institution)		
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.  e frame: past 36 months  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)		
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.	whom you have this relationship or indicate none (add rows as needed) ning of the work  None	(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.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) ning of the work  None	(e.g., if payments were made to you or to your institution)		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None	
	manuscript writing or educational events		
6	Payment for expert	⊠ None	
	testimony	ESTAGLIC	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board or	⊠ None	
	Advisory Board		
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10	Leadership or fiduciary role in other board, society,	None     Non	
	committee or advocacy		
	group, paid or unpaid		
<u> </u>			
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-	⊠ None	
	financial interests	2 110110	

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Б.					
Dat					
You	r name: Karen Marie Thy	yssen Astvad			
Manuscript title: To første tilfælde af <i>Candida auris</i> i Danmark					
Mar	nuscript number (if known	):			
are re third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar 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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  ps/activities/interests as they relate to the current		
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is no 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)		
	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.)	None     Non			
	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	⊠ None			
۷	any entity (if not indicated	None     Non			
	in item #1 above).				
3	Royalties or licenses				

4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Pfizer Gilead	Speaker honoraria (personal) Speaker honoraria (personal)
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None     Non	
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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	⊠ None	

 $\boxtimes$  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: 2. oktober 2021		
Your name: Valeria Antsupova		
Manuscript title:	Første to tilfælde af <i>Candida auris</i> i Danmark	
Manuscript number (if known): UFL-07-21-0614		

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
Tim	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	
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Tim	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None     Non		

4	Consulting fees	■ None	
5	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	None     Non	
	testimony		
7	Support for attending	None     Non	
	meetings and/or travel		
8	Patents planned, issued or	None     Non	
	pending	Z itolio	
9	Participation on a Data	None     Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary		
	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		
	551 11003		
13	Other financial or non-	None     Non	
	financial interests		

 $\boxtimes$  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

Date	e: 21. september 2021			
You	Your name: Marie Theut			
Mar	nuscript title: Første	to tilfælde af Candida auris i	Danmark	
Mar	nuscript number (if known	):		
In the are retained third comments and the first and the appendix antih	e interest of transparency, elated to the content of yo parties whose interests manitment to transparency arrelationship/activity/interestionship questions apply to ascript only.  Buthor's relationships/activitys to the epidemiology of ypertensive medication, experienced to the content of the epidemiology of the series and the epidemiology of ypertensive medication, experienced to the content of your particles.	we ask you to disclose all ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should yen if that medication is n	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.  Dos/activities/interests as they relate to the current defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  In this manuscript without time limit. For all	
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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)	
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1	All support for the present	None     Non		
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2	Grants or contracts from	⊠ None		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses			
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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

 $\boxtimes$  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

Dat	e: 8. oktober 2021			
You	Your name: Dorte Buhl			
Mai	nuscript title: To førs	te tilfælde med Candida aur	is i Danmark	
Mai	nuscript number (if known	):		
are ro third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar 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.  ps/activities/interests as they relate to the current	
perta antih In ite	nins to the epidemiology of hypertensive 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)	
Tim	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     Non		
	item.			
			Click TAB in last row to add extra rows	
Tim	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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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>8</b> : 5. oktober 2021		
You	r name: Maarianne Midtt	:un	
Mar	nuscript title: Første	to tilfælde af candida auris i	Danmark
-	nuscript number (if known)		
are re third comr list a	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply to <u>uscript only</u> .	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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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)
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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	⊠ None	
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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
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	⊠ None

 $\boxtimes$  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