Date	e: 30. november 2021		
You	r name: Henrik Horwitz		
Mar	nuscript title: Drug u	se in patients with short bov	vel syndrome and intestinal failure
Mar	nuscript number (if known)):	
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other	items, the time frame for	disclosure is the past 36 r	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	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
	TOTAL.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
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2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
	III II # I abovej.		
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
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

Dat	e: 30. november 2021		
You	Ir name: Kristian Asp Fu	glsang	
Mai	nuscript title: Drug u	use in patients with short bo	wel syndrome and intestinal failure
Mai	nuscript number (if known	n):	
are r third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the con 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.
	following questions apply to uscript only.	o the author's relationshi	os/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript.
	em#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)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding,	None Non	
	provision of study		
	materials, medical writing,		
	article processing charges, etc.)		
	610.)		
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	item.		
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Time	e frame: past 36 months		
2	Crants or contracts from	None None	
۷	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses		
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4	Consulting fees	None Non
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None Non
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
0	testimony	⊠ None
7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	None
	pending	Z None
9	Participation on a Data Safety Monitoring Board	⊠ None
	or Advisory Board	
	or ridvisory board	
10	Leadership or fiduciary	None Non
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
	unpalu	
11	Stock or stock options	None Non
10	Descipt of a military and	57 N
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	None Non
	financial interests	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 30. november 2021		
You	Ir name : Mikkel Bring Ch	nristensen	
Mai	nuscript title: Drug u	se in patients with short bo	wel syndrome and intestinal failure
Mai	nuscript number (if known):	
are re third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the con 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.
	following questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript.
	em #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)
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.)		
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	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	☑ None	

4	Consulting fees	None Non
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None Non
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
0	testimony	⊠ None
7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	None
	pending	Z None
9	Participation on a Data Safety Monitoring Board	⊠ None
	or Advisory Board	
	or ridvisory board	
10	Leadership or fiduciary	None Non
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
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11	Stock or stock options	None Non
10	Descipt of a military and	57 N
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	None Non
	financial interests	

 $oxed{\boxtimes}$ 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: 30. november 2021		
You	r name: Karl Sebastian J	lohansson	
Mar	nuscript title: Drug u	se in patients with short bov	vel syndrome and intestinal failure
Mar	nuscript number (if known)):	
are re third comr list a The f	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 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. Discriptions of the manuscript of the current of the curren
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	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan	relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
Time	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
\equiv	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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.	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.) No time limit for 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.	relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)
Time	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	relationship or indicate none (add rows as needed) ining of the work None	(e.g., if payments were made to you or to your institution)
Time	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 in item #1 above).	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, 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	⊠ 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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 30. november 2021			
You	r name: Mette Medom Vo	orre		
Mai	Manuscript title: Drug use in patients with short bowel syndrome and intestinal failure			
Mai	nuscript number (if known)):		
are re third comr list a	elated to the content of you 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		
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
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			
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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Time	e frame: past 36 months		CHICK TAD III IASUTOW (U AUU EXTIATOWS	
HIIII	e frame: past 30 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
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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 30. november 2021		
You	I r name : Palle Bekker Jep	ppesen	
Mai			vel syndrome and intestinal failure
	nuscript number (if known		
In the are re third command list a	e interest of transparency, elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	we ask you to disclose all 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
manı	uscript only.		
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of nentioned in the manuscript.
	em #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)
Tim	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	
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this	⊠ None	
	provision of study materials, medical writing, article processing charges, etc.)	⊠ None	Click TAD in last rougte add outre rough
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None	Click TAB in last row to add extra rows
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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
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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 30. november 2021		
You	r name: Espen Jimenez	Solem	
Mar	nuscript title: Drug u	se in patients with short bov	wel syndrome and intestinal failure
Mar	nuscript number (if known):	
are re third comr list a The fe manu	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interestions apply to uscript only.	ur manuscript. "Related" ay be affected by the connumber of the connumber of the connumber of the connumber of the author's relationships."	ps/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 r port for the work reporte	defined broadly. For example, if your manuscript dideclare 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 plan	ning of the work	
1	All support for the present	None	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
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			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).		Espen Jimenez-Solem has participated in research projects funded by Eli Lilly, Johnson & Johnson, UCB, Gilead and Vertex Pharmaceuticals All funds were given to his institution.
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 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 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

🛛 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