Dat	e: 4. november 2021		
You	I r name : Maria Elisabeth	Lendorf	
Mai	nuscript title: Seropr	evalence and duration of SA	RS-CoV-2 antibodies in Danish health care
Mai	nuscript number (if known):	
are re third comr list a The f	elated to the content of you parties whose interests ma mitment to transparency ar relationship/activity/intere following questions apply to	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. Des/activities/interests as they relate to the current
manu	uscript only.		
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.
	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.)	⊠ None	
	No time limit for this item.		
	item.		Click TAB in last row to add extra rows
Time	e frame: past 36 months		CHER TAB III last row to add extra rows
11111	e trame. past 50 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	

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

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

р	g g
Date: November 2, 2021	
Your name: Cecilie Bo Han	sen
Manuscript title: Serop	prevalence and duration of SARS-CoV-2 antibodies in Danish health care
profe	essionals during 39 weeks of 2020
Manuscript number (if know	n):
are related to the content of y third parties whose interests r commitment to transparency	we ask you to disclose all relationships/activities/interests listed below that our manuscript. "Related" means any relation with for-profit or not-for-profit may be affected by the content of the manuscript. Disclosure represents a and does not necessarily indicate a bias. If you are in doubt about whether to rest, it is preferable that you do so.
The following questions apply manuscript only.	to the author's relationships/activities/interests as they relate to the <u>current</u>
pertains to the epidemiology of	ivities/interests should be <u>defined broadly</u> . For example, if your manuscript of hypertension, you should declare all relationships with manufacturers of even if that medication is not mentioned in the manuscript.
In item #1 below, report all su	pport for the work reported in this manuscript without time limit. For all

other items, the time frame for disclosure is the past 36 months.

Time frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	Click TAD in last row to add outre row

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Tim	Time frame: past 36 months			
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2	Grants or contracts from any entity (if not indicated	⊠ None		
	in item #1 above).			
3	Royalties or licenses	None Non		

4	Consulting fees	
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

Dat	e: Klik eller tryk for at	angive en dato.	
You	ır name: Peter Simi	monds	
Ma	nuscript title : S	Seroprevalence and duration of S	ARS-CoV-2 antibodies in Danish health care
Ma	nuscript number (if kr	nown):	
are r third comi list a	elated to the content parties whose interes mitment to transparer relationship/activity/	of your manuscript. "Related sts may be affected by the co ncy and does not necessarily i interest, it is preferable that y	
	following questions ap uscript only.	oply to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiolo hypertensive medication or #1 below, report al	ogy of hypertension, you shou on, even if that medication is	defined broadly. For example, if your manuscript ld declare all relationships with manufacturers of not mentioned in the manuscript. ed in this manuscript without time limit. For all months.
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4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None	
	manuscript writing or educational events		
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	⊠ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary 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 writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

 ${f f Z}$ 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: 2. november 2021		
You	r name: Claus Antonio Ju	uel Jensen	
Mar	nuscript title: Seroj	prevalence and dura	ation of SARS-CoV-2 antibodies in
	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	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 duthor of clationship	33/ detivities/ interests as they relate to the <u>current</u>
perta antih In ite	nins 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.) No time limit for this item.	None	
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Time	e frame: past 36 months		Silsin in Last 15 in to dad skild fowe
		57 Name	
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 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 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

	ate: 5.11.2021.		
Y	our name: Caroline Kan	n	
	lanuscript title: ofessionals during 39 weeks o	Seroprevalence and duration f 2020	n of SARS-CoV-2 antibodies in Danish health care
N	anuscript number (if know	n):	
th co	e related to the content of ird parties whose interests	your manuscript. "Related may be affected by the co and does not necessarily	all relationships/activities/interests listed below that d" means any relation with for-profit or not-for-profit ontent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to you do so.
Th m	e following questions apply anuscript only.	to the author's relations	hips/activities/interests as they relate to the current
pe	rtains to the epidemiology	of hypertension, you shou	e <u>defined broadly</u> . For example, if your manuscript uld declare all relationships with manufacturers of not mentioned in the manuscript.
In oti	item #1 below, report all su ner items, the time frame fo	pport for the work report or disclosure is the past 36 Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	Institution
Γin	ne frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	None	
	article processing charges, etc.)		
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	any entity (if not indicated in item #1 above).		
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	in item #1 above). Royalties or licenses	☑ None	
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4	Consulting fees	☑ None
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5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	☑ None
	testimony	
7	Support for the state of	
/	Support for attending	None
	meetings and/or travel	
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8	Patents planned, issued or	□ None
_	pending	Notice
	pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⋈ None
	T	N 320
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
	otock of stock options	None
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12	Receipt of equipment,	☑ None
	materials, drugs, medical	4
	writing, gifts or other	
	services	
13	Other financial or	▽ None
	non-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	2: 2. november 2021		
You	r name: Caroline Klint Jo	phannesen	
Mar	nuscript title: Seropro	evalence and duration of SA	RS-CoV-2 antibodies in Danish health care
Mar	nuscript number (if known):	
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 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. Des/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 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.) No time limit for this item.	None	
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THIR	e traine, past 50 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses		

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 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

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antihypertensive medication, even if that medication is not mentioned in the manuscript. pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of The author's relationships/activities/interests should be defined broadly. For example, if your manuscript

other items, the time frame for disclosure is the past 36 months. In item #1 below, report all support for the work reported in this manuscript without time limit. For all

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	No tille little for tills item.	No time limit for this item	etc.)	article processing charges,	materials, medical writing,	provision of study	manuscript (e.g., funding,	All support for the present	Time frame: Since the initial planning of the work					
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Royalties or licenses

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Time frame: past 36 months

Grants or contracts from

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any entity (if not indicated

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

Dat	e : 2. november 2021		
	I r name : Ellen Løkkegaar	d	
			RS-CoV-2 antibodies in Danish health care
	nuscript number (if known)		K3-Cov-2 antibodies in Danish Health Care
IVIAI	iluscript riumber (ii known).	
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Tim	e frame: Since the initial plan		
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Tim	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
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

Dat	e: 3. november 2021						
You	r name: Alex Fyfe						
Mai	Manuscript title: Seroprevalence and duration of SARS-CoV-2 antibodies in Danish health care						
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. Des/activities/interests as they relate to the current				
perta antih In ite	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)				
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	provision of study materials, medical writing,						
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2	Grants or contracts from	None					
	any entity (if not indicated						
	in item #1 above).						
3	Royalties or licenses	None Non					
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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 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

Dot	0. 0.004		
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	r name: Gry St-Martin		
Mai	nuscript title: Seropro	evalence and duration of SA	RS-CoV-2 antibodies in Danish health care
Mai	nuscript number (if known)):	
are ro 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/interests as they relate to the current
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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 plan	ning of the work	
1	All support for the present	None Non	
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	article processing charges,		
	etc.)		
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Tim	e frame: past 36 months		
11111	e frame. past 30 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	⊠ 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. november 2021		
You	r name: Peter Garred		
Maı	nuscript title: Seropr	evalence and duration of SA	RS-CoV-2 antibodies in Danish health care
Mar	nuscript number (if known):	
are re third comr	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 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 antih In 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	ning of the work	
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	Carlsberg Foundation (CF20- 0045)	Support for reagents and technical assistance
	etc.) No time limit for this item.	the Novo Nordisk Foundation (NFF205A0063505 and NNF20SA0064201)	Support for reagents and technical assistance
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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).		
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		
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9	Participation on a Data	None Non	
	Safety Monitoring Board or Advisory Board		
	or navisory board		
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
11	Ctook or stook antiana	N	
11	Stock or stock options	None Non	
10	December 6 and 1 and 1		
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non- financial interests		
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 4. november 2021		
You	r name: Robert Stephen	Paton	
	nuscript title: Seropr essionals during 39 weeks of		RS-CoV-2 antibodies in Danish health care
Mai	nuscript number (if known):	
are rethird comress to the comment of the comment o	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest following questions apply to ascript only. Buthor's relationships/activitys to the epidemiology of the sypertensive medication, experienced to the content of the	ur manuscript. "Related" ay be affected by the content 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 not port for the work reporter	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	needed)	
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
Tim	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	
3	Royalties of ficerises	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	
	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	
	ottosi oi ottosi opiiono	Z None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other services		
	30.71003		
13	Other financial or non- financial interests	None Non	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



D - 4			
Dat			
You	r name: Stig Molsted		
Ma	nuscript title: Seropro	evalence and duration of SA	RS-CoV-2 antibodies in Danish health care
Mai	nuscript number (if known)):	
are re third comr list a The f	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	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. Des/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of ypertensive 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)
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.)	None Non	
	No time limit for this 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	Povalties or licenses	M 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 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	2: 2. november 2021		
You	r name: Thomas Broe Ch	nristensen	
Mar	nuscript title: Seropro	evalence and duration of SA	RS-CoV-2 antibodies in Danish health care
Mar	nuscript number (if known)):	
are rethird comrist a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency arrelationship/activity/interestionship questions apply to ascript only. Buthor's relationships/activins to the epidemiology of ypertensive medication, experienced whose particular interesting and the second particular interests and the second particular intere	ur manuscript. "Related" ay be affected by the contact does not necessarily in est, it is preferable that you the author's relationship rities/interests should be go hypertension, you should yen if that medication is not port for the work reporter	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
Time	e frame: Since the initial plan		
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.		
itoiiii			Click TAB in last row to add extra rows
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TIM	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 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

Γ.			
Dat			
You	Ir name: Thea K. Fischer		
Ma	nuscript title: Seropr	evalence and duration of SA	RS-CoV-2 antibodies in Danish health care
Ma	nuscript number (if known):	
are r third comi 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	ains 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	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim 1	e frame: Since the initial plan 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)	(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,	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.) No time limit for this	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.) No time limit for this	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	(e.g., if payments were made to you or to your institution)
1 Tim	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).	whom you have this 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)
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) ming 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 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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