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Date: 27. januar 2022		
Your name: Carina Lundby		
Manuscript title: Afmedicinering i danske kliniske behandlingsvejledninger		
Manuscript number (if known): UFL-08-21-0617		

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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	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
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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		

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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Date: 11. januar 2022			
Your name: Alaa Bu	Your name: Alaa Burghle		
Manuscript title: Afmedicinering i danske kliniske behandlingsvejledninger			
Manuscript number (if known): UFL-08-21-0617			

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	etc.)		
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Tim	Time frame: past 36 months			
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	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

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Date: 10. januar 2022		
Your name: Jesper Ryg		
Manuscript title: Afmedicinering i danske kliniske behandlingsvejledninger		
Manuscript number (if known): UFL-08-21-0617		

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Tim	e frame: Since the initial plar	nning 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	
	item.		

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	None Service
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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Date	o: 10.01.2022		
	e: 10.01.2022 r name: Larsa Abui	าล	
		icinering i danske kliniske be	handlingsveiledninger
	nuscript number (if known		
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are third com	related to the content of y d parties whose interests r	our manuscript. "Related" nay be affected by the cor and does not necessarily in	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so.
	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
pert	tains to the epidemiology of	of hypertension, you shoul	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	em #1 below, report all su er items, the time frame fo		ed 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.		
		1	Click TAB in last row to add extra row
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	

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

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Date: 10. januar 2022				
Your name: Walaa Abdulmanem Alnabhan				
Manuscript title: Afmedicinering i danske kliniske behandlingsvejledninger				
Manuscript number (if known): UFL-08-21-0617				

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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	nning of the work	
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.		

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	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

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Dat	<b>e</b> : 11. januar 2022				
You	<b>Ir name</b> : Jinthusaa Kuma	ran Thanikaikumaran			
Ma	Manuscript title: Afmedicinering i danske kliniske behandlingsvejledninger				
Ma	nuscript number (if known	): UFL-08-21-0617			
are r third com	elated to the content of yo parties whose interests ma	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 relationship	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 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)		
Tim	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.				
	1	I	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 shows)	⊠ None			
1	in item #1 above).	1			

Royalties or licenses

None

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 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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Date	<b>e</b> : 11. januar 2022		
You	r name: Arin Esmael		
Mar	nuscript title: Afmedi	cinering i danske kliniske be	handlingsvejledninger
Mar	nuscript number (if known	): UFL-08-21-0617	
are re	elated to the content of yo	ur manuscript. "Related"	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a
comr		nd does not necessarily in	dicate a bias. If you are in doubt about whether to
	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 sup r items, the time frame for	•	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	(e.g., if payments were made to you or to your institution)
		needed)	
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.)		
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			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	<b>⋈</b> None	
	in item #1 above).		
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3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None			
_					
5	Payment or honoraria for	<b>⊠</b> None			
	lectures, presentations, speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	☑ None			
	testimony				
7	Support for attending	<b>⊠</b> None			
	meetings and/or travel	Zivone			
	,				
8	Patents planned, issued or	<b>☑</b> None			
	pending				
9	Participation on a Data	⊠ None			
	Safety Monitoring Board or Advisory Board				
	or Advisory Board				
10	Leadership or fiduciary	⊠ None			
	role in other board,				
	society, committee or advocacy group, paid or				
	unpaid				
	. 1				
11	Stock or stock options	⊠ None			
12	Receipt of equipment,	⊠ None			
12	materials, drugs, medical	⊠ None			
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	☑ None			

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<b>Date</b> : 10. januar 2022					
Your name: Jens Søndergaard					
Manuscript title:	Afmedicinering i danske kliniske behandlingsvejledninger				
Manuscript number (i	Manuscript number (if known): UFL-08-21-0617				
•	parency, we ask you to disclose all relationships/activities/interests listed below that				

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Tim	a frame: Since the initial plan	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)
IIIM	e frame: Since the initial plar	nning of the work	
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.		

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

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

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Date: 13. januar 2021		
Your name: Anton Pottegård		
Manuscript title: Afmedicinering i danske kliniske behandlingsvejledninger		
Manuscript number (if known): UFL-08-21-0617		

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Tim	Time frame: Since the initial planning of the work		
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	No time limit for this		
	item.		

Time 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
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
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