Date	<b>e</b> : 8. februar 2022				
		n			
			Mad CARC Call 2 and formation and the first track to a series		
	Manuscript title: Viroporiners potentiale som drug targets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?				
Mai	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 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		
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)		
Time	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			
	No time limit for this item.				
<u> </u>			Click TAB in last row to add extra rows		
Time	e frame: past 36 months				
2	Casada an sandasada fasan	57 N			
2	Grants or contracts from any entity (if not indicated	None			
	in item #1 above).				
3	Royalties or licenses	None     Non			
J		EN MOLIC			

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: 9. februar 2022			
You	r name: Jakob Borg Glar	mann		
Mai	nuscript title: Viropor	iners potentiale som drug targ	ets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?	
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 control 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.  Discriptions/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.			
		Names all amtition with		
		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	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your	
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	
_		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	
_	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.)  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) ming 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	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) ming of the work  None	(e.g., if payments were made to you or to your institution)	
Time 2	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
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	e: 9. februar 2022			
You	r name: Jon Dissing Sun	d		
Mar	nuscript title: Viropor	iners potentiale som drug targ	jets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?	
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 control 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/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	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)	1	
Time	All support for the present	relationship or indicate none (add rows as needed)	1	
		relationship or indicate none (add rows as needed) 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	relationship or indicate none (add rows as needed) ning of the work	1	
	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	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	1	
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	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	relationship or indicate none (add rows as needed) ning of the work	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.	relationship or indicate none (add rows as needed) ning of the work  None	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	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) ning of the work  None	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

 $\boxtimes$  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: 9. februar 2021		
You	r name: Nina Weis		
Mar	nuscript title: Viropor	riners potentiale som drug tarç	gets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?
Mar	<b>nuscript number</b> (if known	):	
are re third comn list a The fe	elated to the content of yo parties whose interests m mitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the con 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.  OS/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of ypertensive medication, e	hypertension, you should ven 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 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		
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	
	any entity (if not indicated in item #1 above).	Abbvie, Gilead and Novo Nordisk Foundation	Unrestricted grants for research
3	Royalties or licenses	None     Non	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abbvie, Gilead, GSK, MSD
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	None     Non
_	Determination and forward on	
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	Novo Nordisk A/S
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	Novo Nordisk
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
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

Yo	our name: Trine List	ourg Toft-Ber	A CONTRACTOR OF THE CONTRACTOR
			gets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?
50000	THE PROPERTY SERVICES		gala. File and core a cylindrian and college.
IVI	anuscript number (if known	1);	
are thir com	related to the content of yo d parties whose interests m	our manuscript. "Related" ay be affected by the cor nd does not necessarily in	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit itent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to ou do so.
	following questions apply to	to the author's relationsh	ips/activities/interests as they relate to the current
n it		port for the work reporte	one 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)
		none (add rows as needed)	
Tin	ne frame: Since the initial pla	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.	Name and the second	
	item.		Click TAB in last row to add extra rows
Tin	ne frame: past 36 months	his some such diaras	Click TAB in last row to add extra rows
	ne frame: past 36 months	VI None	Click TAB in last row to add extra rows
Tin 2	Cytheralist Sections	<b>₹None</b>	Click TAB in last row to add extra rows
	Grants or contracts from any entity (if not indicated	√ None  ✓	Click TAB in last row to add extra rows
2	Grants or contracts from any entity (if not indicated in item #1 above).		Click TAB in last row to add extra rows

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	S None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	L)X.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

Date	<b>e:</b> 9. februar 2022				
You	r name: Caroline Amalie	Nørløv Vinten			
Mar	Manuscript title: Viroporiners potentiale som drug targets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?				
Mar	nuscript number (if known	):			
are re third comr 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 cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  Os/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			
			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).	None			
3	Royalties or licenses	<b>⊠</b> None			

4	Consulting fees	<b>⊠</b> None	
5	lectures, presentations, speakers bureaus, manuscript writing or	⊠ None	
	educational events		
6	Payment for expert testimony	⊠ None	
7	Company for attanding	N. N	
7	Support for attending meetings and/or travel	<b>⊠</b> None	
8	Patents planned, issued or pending	<b>⊠</b> None	
9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	<b>⊠ None</b>	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	<b>⊠</b> None	
42	Descript of a minutes	57	
12	Receipt of equipment, materials, drugs, medical	<b>⊠</b> 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> : 8. februar 2022		
	Ir name: Louise Riger Jer	oson	
	3		
	•		ets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?
Mai	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 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)
	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	
2	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses		

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	e: 8. februar 2022		
You	r name: Mette M. Rosenk	kilde	
Mar	nuscript title: Viropori	iners potentiale som drug targ	gets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?
Mar	nuscript number (if known)	):	
are rehird commist a finance f	elated to the content of you parties whose interests manitment to transparency ar relationship/activity/interestionship questions apply to ascript only.  Buthor's relationships/activities to the epidemiology of ypertensive medication, expenses.	ur manuscript. "Related" ay be affected by the contact 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 not 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 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, etc.)	BII	Grant for the clinical trial from Bio Innovation Institute
	No time limit for this item.		
l			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Cuenta en establicata forma	□ Name	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None BII	Grant for the clinical trial from Bio Innovation Institute
		NovoNordisk Fonden	Distinguished Innovator Grant
3	Royalties or licenses	⊠ None	

4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	□ None Yes	
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	BoD Medlem af DI	F bestyrelse
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

Mathe RL.

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

Date	e: 8. februar 2022		
You	r name: Signe Bollerup		
Mar	nuscript title: Viropori	iners potentiale som drug targ	ets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?
	nuscript number (if known)		χ,
In the are re third comr	e interest of transparency, elated to the content of yo parties whose interests ma	we ask you to disclose all 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 ent 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.		
<u> </u>			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).	None	
3	Royalties or licenses	■ None	
	No juntos of moonsos	RZ MOLIC	

4	Consulting fees	None     Non	
5	Payment or honoraria for	☑ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert		
0	testimony	M None	
7	Support for attending	□ None	
,	meetings and/or travel	□ None	Support for conference participation from MSD.
	•		oupport for commercine participation from these.
8	Patents planned, issued or	■ None	
	pending	Z None	
9	Participation on a Data	⊠ None	
	Safety Monitoring Board	Z NOTIC	
	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	
12	Receipt of equipment,	None     Non	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or 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

	e: 9. februar 2021		
You	I <b>r name</b> : Thomas N. Kled	al	
Mar	nuscript title: Viropor	iners potentiale som drug targ	ets: Mod SARS-CoV-2 og i fremtidens antivirale terapi?
-	nuscript number (if known		· · · · · · · · · · · · · · · · · · ·
are re third comr list a	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	
	following questions apply to <u>uscript only</u> .	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 ven 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 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 plar	needed)	,
Time 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.)	needed)	
$\vdash$	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	needed) 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 item.	needed) nning of the work	Click TAB in last row to add extra rows
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	needed) 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 item.	needed) nning of the work	
Time 2	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).	needed) nning of the work  None	
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	needed) nning of the work  None	

Consulting fees		
Dayment or beneraria for	None.	
	⊠ None	
educational events		
	None     Non	
testimony		
Support for attending	⊠ None	
	△ NOTIE	
Theothigs and or traver		
Patents planned, issued or	☑ None	
pending		
Participation on a Data	⊠ None	
Safety Monitoring Board		
or Advisory Board		
Leadership or fiduciary	None     Non	
unpaid		1
apara		
Stock or stock options	⊠ None	
Stock or stock options	None     Non	
Stock or stock options		
·		
Receipt of equipment,	None     None     None	
Receipt of equipment, materials, drugs, medical		
Receipt of equipment, materials, drugs, medical writing, gifts or other		
Receipt of equipment, materials, drugs, medical		
Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services		
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or

 $\boxtimes$  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