ICMJE DISCLOSURE FORM

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

Dat	e : 1. april 2022		
	r name: Anette Bygun	1	
	,3:	isk spontan urticaria efter COV	/ID-19-vaccination
	-		71D-19-Vaccillation
IVIdi	nuscript number (if knov	viij.	
are re third comr list a The f	elated to the content of parties whose interests mitment to transparency relationship/activity/interests ollowing questions apply	your manuscript. "Related" may be affected by the con and does not necessarily in erest, 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	<u>uscript only</u> .		
perta antih In ite	nins to the epidemiology sypertensive medication, arm #1 below, report all su	of hypertension, you should even if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial pl	-	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
		5.	
	No time limit for this		
	No time limit for this item.		
			Click TAB in last row to add extra rows
	f		Click TAB III last Tow to add extra Tows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	⊠ None	
	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	
-	Comment for other disc.	57	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Z None	
	-		
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		
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	

Please place an "X" next to the following statement to indicate your agreement:

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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

ICMJE DISCLOSURE FORM

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

Date	e : 1. april 2022		
You	r name: Jakob Lillemoe	n Drivenes	
Mai	nuscript title: Kroni	sk spontan urticaria efter CO\	/ID-19-vaccination
	nuscript number (if know		
In the are retained third comments to a the following the	e interest of transparency elated to the content of y parties whose interests no it ment to transparency are lationship/activity/interestionship questions apply uscript only. Buthor's relationships/activity to the epidemiology of the spidemiology of the properties of the medication, of the medication, of the medication, or the poort all sure medication, or the poort all sure medication, or the properties of the properties of the medication, or the properties of the propertie	we ask you to disclose all our manuscript. "Related" hay be affected by the contant does not necessarily in rest, it is preferable that you to the author's relationship in the first interests should be of hypertension, you should even if that medication is not the author of the second does not be second does not necessarily in the second does not necess	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)
	e frame: Since the initial pla		
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 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	⊠ 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	
-	Comment for other disc.	57	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Z None	
	-		
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		
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	

Please place an "X" next to the following statement to indicate your agreement:

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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