Dat	e : 14. januar 2022		
IVIa	nuscript title: Smokir	ng cessation and drug intera	ctions
Ma	nuscript number (if known):	
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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)
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-	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 institution)
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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 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

Dat	e: 14. januar 2022			
Your name: Lars Peter Nielsen				
Mai	nuscript title: Rygning	gs og rygestopmidlers interak	tion med lægemidler	
Mai	nuscript number (if known)			
are thir com list	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> .			
per anti In it	tains to the epidemiology of hypertensive medication, e	f hypertension, you should wen if that medication is no oport 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 plant	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	
Time	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.)	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)	
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4	Consulting fees	None Non
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

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

Date: 17. januar 2022					
Your name: Helle K	Your name: Helle Karkov Madsen				
Manuscript title: Rygnings og rygestopmidlers påvirkning af lægemiddelbehandling.					
Manuscript number (if known): UFL-12-21-0930					

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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)
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.		

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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 Non	ne	

4	Consulting fees	None Non	
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5	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	■ None	
	testimony	Z None	
7	Support for attending	None Non	
,	meetings and/or travel	⊠ None	
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8	Patents planned, issued or	None Non	
0	pending	M Notic	
9	Participation on a Data	None Non	
,	Safety Monitoring Board	M Notic	
	or Advisory Board		
10	Leadership or fiduciary	None Non	
10	role in other board,	None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other services		
	301 11003		
13	Other financial or non-	None Non	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 24. januar 2022		
	r name: Anders Løkke		
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		gs og rygestopmidlers intera	iktion med lægemidier
IVIai	nuscript number (if known):	
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	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 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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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		
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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

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Dot	O. Killer Handande fan ak an alle		
Date	, ,		
	r name : Maija Bruun Haa	astrup	
Mar	nuscript title: Rygnin	gs og rygestopmidlers intera	aktion med lægemidler
Mar	nuscript number (if known): UFL-12-21-0930	
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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)
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	
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	in item #1 above).		
3	Royalties or licenses	None Non	
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5	Payment or honoraria for lectures, presentations,	None Non	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony	Z NOIC	
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7	Support for attending	■ None	
,	meetings and/or travel	△ None	
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8	Patents planned, issued or	None Non	
0	pending	⊠ None	
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9	Participation on a Data	None Non	
7	Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
10	role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
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12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other services		
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13	Other financial or non-	None Non	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 24. januar 2022						
Your name: Peter Hjorth							
Manuscript title: Rygnings og rygestopmidlers interaktion med lægemidler							
Mar	Manuscript number (if known):						
	n the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that						
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	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.				
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						
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.						
			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
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

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Date	e : 12. januar 2022					
Your name: Ingeborg Farver-Vestergaard						
Manuscript title: Rygnings og rygestopmidlers interaktion med lægemidler						
Manuscript 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.			
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no oort 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)			
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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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Boehringer Ingelheim Novartis	Personal fee for lectures Personal fee for lectures
		Roche	Personal fee for lectures
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
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