ICMJE DISCLOSURE FORM

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Date	e : 19. september 2022		
You	ı r name : Kurt Højlund		
Mai	nuscript title: Svær o	overvægt og metabolisk syn	drom
Mai	nuscript number (if known):	
In the are retained third comments and the first and the area antihum.	e interest of transparency, elated to the content of yo parties whose interests miniment to transparency air relationship/activity/interfollowing questions apply tuscript only. Buthor's relationships/activals to the epidemiology of appertensive medication, elements of the series of the epidemiology of appertensive medication, elements of the epidemiology of appertensive medication, elements of the epidemiology of appertensive medication, elements of the epidemiology of the elements of the epidemiology of the elements of	we ask you to disclose all ur manuscript. "Related" ay be affected by the cond does not necessarily in est, it is preferable that you o the author's relationship vities/interests should be hypertension, you should ven if that medication is not port for the work reporte	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all
		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.)		
	A		
	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).	Granted 3.650.000 DKK as co- applicant to the Steno National Collaborative Grant	
		Call from the Novo	

Nordisk

		Foundation: Grant number NNF200C0063292. Title: Closing in on subsegmentation in type 2 diabetes in the Danish nationwide DD2 cohort.		
3	Royalties or licenses	⊠ None		
4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
	lectures, presentations, speakers bureaus, 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	⊠ None		
	pending			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		
9		⊠ None		
10	Leadership or fiduciary	⊠ None		
	rolein other board, 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		⊠ None		

Other financial or non-	
financialinterests	

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.

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