Date	e: 10. december 2021		
You	r name: Annette Nørgaa	rd	
	nuscript title: Effects ructive Pulmonary Disease at		ned with physical activity in patients with Chronic omized controlled pilot study
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 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 ent 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	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)
	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.		
			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 Non	
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4	Consulting fees	None Non	
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		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data		
	Safety Monitoring Board or Advisory Board		
	-		
10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other		
	services		
4.5			
13	Other financial or non- financial interests		
	manda interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 10. december 2021				
You	r name: Grith Møller				
	Manuscript title: Effects of a high-protein diet combined with physical activity in patients with Chronic Obstructive Pulmonary Disease at risk of malnutrition: A randomized controlled pilot study				
Mar	nuscript number (if known):			
are rethird comress to the second sec	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest ollowing questions apply to ascript only. Buthor's relationships/activitys to the epidemiology of ypertensive medication, expanding the parties of the content of the epidemiology of the parties of the epidemiology of the parties of the epidemiology of	ur manuscript. "Related" ay be affected by the contend does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is n	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. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Disclosure represents a sthey relate to the current defined broadly. For example, if your manuscript I declare all relationships with manufacturers of ot mentioned in the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.		
	items, the time frame for	•	•		
		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.				
			Click TAB in last row to add extra rows		
Time	e frame: past 36 months				
2	Grants or contracts from	M None	· · · · · · · · · · · · · · · · · · ·		
۷	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses				

4	Consulting fees	None Non	
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		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data		
	Safety Monitoring Board or Advisory Board		
	-		
10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other		
	services		
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13	Other financial or non- financial interests		
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 10. december 2021		
You	r name: Jens Rikardt And	dersen	
	nuscript title : Effects tructive Pulmonary Disease at		ned with physical activity in patients with Chronic omized controlled pilot study
Mai	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	
	uscript only.	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 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	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)
	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	
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	item.		
			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	None	
Ī	in item #1 above).		
3	Royalties or licenses		

4	Consulting fees	None Non	
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		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data		
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other		
	services		
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 10. december 2021		
You	ı r name : Nana Møgelberg	J	
	nuscript title : Effects tructive Pulmonary Disease at		ned with physical activity in patients with Chronic omized controlled pilot study
Ma	nuscript number (if known):	
are r 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	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	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript I 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)
	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.		
			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 above).	None	
3	Royalties or licenses		
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4	Consulting fees	None Non	
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		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data		
	Safety Monitoring Board or Advisory Board		
	-		
10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other		
	services		
4.5			
13	Other financial or non- financial interests		
	manda interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 10. december 2021				
You	r name: Nina Skavlan Go	odtfredsen			
	Manuscript title: Effects of a high-protein diet combined with physical activity in patients with Chronic Obstructive Pulmonary Disease at risk of malnutrition: A randomized controlled pilot study				
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 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 ent 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		
oerta 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	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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None			
	No time limit for this item.				
			l 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).				
2		∑/ N			
3	Royalties or licenses				

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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 10. december 2021		
You	Ir name: Randi Tobberup		
	nuscript title : Effects tructive Pulmonary Disease at		ned with physical activity in patients with Chronic omized controlled pilot study
Mai	nuscript number (if known):	
are r 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	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.
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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.
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4	Consulting fees	None Non	
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		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data		
	Safety Monitoring Board or Advisory Board		
	-		
10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other		
	services		
4.5			
13	Other financial or non- financial interests		
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