

ICMJE DISCLOSURE FORM

Date: 4/4/2022

Your Name: Lise Lotte Gluud

Manuscript Title: Non-alkoholisk fedtleversygdom ved overvægt og metabolisk syndrom

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 author's relationships/activities/interests should be defined broadly. 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)						
Time frame: Since the initial planning 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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">Novo Nordisk</td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;">Sobi</td><td></td></tr> <tr><td style="height: 20px;">Gilead</td><td></td></tr> </table>	Novo Nordisk		Sobi		Gilead	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Novo Nordisk	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Pfizer	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Novo Nordisk	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 4/4/2022

Your Name: Maja Thiele

Manuscript Title: Non-alkoholisk fedtleversygdom ved overvægt og metabolisk syndrom

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>GE Healthcare</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	GE Healthcare						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Echosens</td><td></td></tr> <tr><td>Siemens Healthcare</td><td></td></tr> <tr><td>Norgine</td><td></td></tr> </table>	Echosens		Siemens Healthcare		Norgine		
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Siemens Healthcare									
Norgine									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Board member, Alkohol & Samfund (Alcohol and Society; NGO)</td><td>Unpaid</td></tr> <tr><td></td><td></td></tr> </table>	Board member, Alkohol & Samfund (Alcohol and Society; NGO)	Unpaid					
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 4/4/2022

Your Name: Aleksander Krag

Manuscript Title: Non-alkoholisk fedtleversygdom ved overvægt og metabolisk syndrom

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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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)
		Region of Southern Denmark	Center grant for Elite Research Centre FLASH
3	Royalties or licenses	<input type="checkbox"/> None	
		Gyldendal	Medicinsk compendium, medforfatter
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Norgine	Lectures 2019, 2020
		Siemens	Lectures, speaker's bureau 2019, 2020
		Nordic Bioscience	Lecture 2021
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
		Region of Southern Denmark	Biomarker - pending/planned
		University of Southern Denmark	Biomarker - pending/planned
9	Participation on a Data Safety	<input type="checkbox"/> None	

		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)						
	Monitoring Board or Advisory Board	Norgine Siemens Norgine	Advisory board meeting 2020 Advisory board meeting 2019, 2020 Advisory board meeting 2020						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Vice Secretary General European Association for the Study of The Liver (EASL)</td> <td>Non for profit organization and position without remuneration</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Vice Secretary General European Association for the Study of The Liver (EASL)	Non for profit organization and position without remuneration				
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Date: 4/4/2022

Your Name: Camilla Dalby Hansen

Manuscript Title: Non-alkoholisk fedtleversygdom ved overvægt og metabolisk syndrom

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/4/2022

Your Name: Katrine Prier Lindvig

Manuscript Title: Non-alkoholisk fedtleversygdom ved overvægt og metabolisk syndrom

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 4/4/2022

Your Name: Henning Grønbæk

Manuscript Title: Non-alkoholisk fedtleversygdom ved overvægt og metabolisk syndrom

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		NOVO	Private payment
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		AstraZeneca	Private payment
		EISAI	Private payment
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		IQVIA	Private payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.