Date	e: 7. april 2022		
You	r name: Cecilie Sonne Li	indberg	
Mar	nuscript title: Kommunikatior	n om vægtrelaterede probler	ner med patienter med svær overvægt
Mar	nuscript number (if known	):	
are re third comr list a	elated to the content of yo parties whose interests m mitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the content of the con	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, e	hypertension, you should ven if that medication is n port for the work reporte	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 plar	•	
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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Tires	o frama, nast 2/ manths		Click TAB in last row to add extra rows
HIM	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
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

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Date	9: 11. april 2022		
You	r name: Annelli Sandbæ	k	
Man	uscript title: Kommunikation	n om vægtrelaterede probler	ner med patienter med svær overvægt
Mar	nuscript number (if known	):	
are re third comn list a	elated to the content of yo parties whose interests m nitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
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	m #1 below, report all sup 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)
Time	e frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None     Non	
	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).	Novo Nordisk Foundation	Data infrastructure project
3	Royalties or licenses	□None	
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations,	⊠ None
	speakers bureaus,	
	manuscript writing or educational events	
	educational events	
6	Payment for expert	None     Non
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
0	Datants planned issued or	NA Name
8	Patents planned, issued or pending	None     ■
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	□ None
	role in other board, society, committee or	Steering group member in more research
	advocacy group, paid or	projects and
	unpaid	programmes
11	Stock or stock options	□ None
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		pensionskasse
10	Descipt of any law and	
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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ICMJE Disclosure Form (Feb2021): http://icmje.org	Page 3 of 3

Date	e: 11. april 2022		
You	r name: Sissel Due Jense	en	
Mar	nuscript title: Kommunikation	om vægtrelaterede probler	ner med patienter med svær overvægt
Mar	nuscript 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 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
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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
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.		
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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	M None	
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4	Consulting fees	None     Non	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None     Non	
	meetings and/or travel		
8	Patents planned, issued or		
	pending	Z None	
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9	Participation on a Data 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	Stock or stock options	None     Non	
12	Receipt of equipment,	None     Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None     Non	
	financial interests		

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Date	<b>e</b> : 7. april 2022		
	r name: Jens Meldgaard	Bruun	
			ner med patienter med svær overvægt
	•		ner med patienter med svær overvægt
IVIai	nuscript number (if known)	):	
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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>
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	m #1 below, report all suppritems, 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
Time	e frame: Since the initial plan	<u>-</u>	
1	All support for the present manuscript (e.g., funding,	⊠ None	
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this item.		
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Time	e frame: past 36 months		
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
0			
3	Royalties or licenses		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Lectures Lectures Lectures	Novo Nordisk Denmark A/S Sanofi A/S Boehringer Ingelheim Denmark A/S
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None     Non	
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 Director	National Center for Obesity
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non- financial interests		

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Dat	e: 12. april 2022		
You	Ir name: Pernille Andreas	ssen	
Mar	nuscript title: Kommunikation	n om vægtrelaterede probler	ner med patienter med svær overvægt
Mai	nuscript number (if known	):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the conf nd does not necessarily in	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.
	following questions apply to uscript only.	o the author's relationshi <sub>l</sub>	os/activities/interests as they relate to the <u>current</u>
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	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)
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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) nning of the work	(e.g., if payments were made to you or to your
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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	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
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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
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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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