Dat	e : 14. marts 2022		
	Ir name: Marlene Briciet	Lauritean	
			Minus has bornet
	nuscript title: Gestati nuscript number (if known)	onel diabetes mellitus og au	tisme nos parnet
IVIAI	iluscript riumber (ii known).	
are re 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	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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.
	rm #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 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	
	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	⊠ None	
	any entity (if not indicated	M INOLIC	
	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
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

 \boxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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

You	r name: Ulrik	Schiøler Ke	esmodel	
Mar	nuscript title:	Associa	ationen mellem gestationel c	liabetes mellitus og autismespektrumforstyrrelse hos barn
Mar	nuscript number	(if known):	
are re third comn list a	elated to the cor parties whose ir nitment to trans relationship/acti ollowing questio	ntent of yonterests managements marency and interests marency and interests in the second management of the second manage	ur manuscript. "Related" ay be affected by the control 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. ps/activities/interests as they relate to the current
<u>manı</u>	<u>iscript only</u> .			
perta	ins to the epider	miology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
			port for the work reporte disclosure is the past 36 r	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 manuscript (e.g., provision of studinaterials, medicarticle processing etc.) No time limit for item.	funding, y al writing, g charges,	⊠ None	
				Click TAB in last row to add extra rows
Time	e frame: past 36 n	nonths		
2	Grants or contract any entity (if not in item #1 above)	indicated	None	
3	Royalties or licen	ises	None Non	

Date: 14. marts 2022

4	Consulting fees	None Non	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Daymant for aypart	₩ N	
6	Payment for expert testimony	None Non	
	1 tootimony		
_			
7	Support for attending meetings and/or travel	None Non	
	Theetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board or Advisory Board		
	or navisory board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
4.1			
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		

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 1. marts 2022		
You	r name : Fatma Ali Tarish	n Mohsen	
Mai	nuscript title: Gestati	onel diabetes og autisme ho	os barnet
Mai	nuscript number (if known):	
are ro third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the cont 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.
	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.
	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	Specifications/Comments
		relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	relationship or indicate none (add rows as needed)	
Time	e frame: Since the initial plan All support for the present	relationship or indicate none (add rows as needed)	
		relationship or indicate none (add rows as needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) ning of the work None	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) ning of the work None	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) ning of the work None	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) ning of the work None	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) ning of the work None	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde
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	relationship or indicate none (add rows as needed) ning of the work None	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde medforfattere til opgaven.
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.	relationship or indicate none (add rows as needed) ning of the work None Finn Friis Lauszus	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde medforfattere til opgaven.
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. e frame: past 36 months Grants or contracts from	relationship or indicate none (add rows as needed) ning of the work None	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde medforfattere til opgaven.
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.	relationship or indicate none (add rows as needed) ning of the work None Finn Friis Lauszus	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde medforfattere til opgaven.
Time	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).	relationship or indicate none (add rows as needed) ning of the work None Finn Friis Lauszus	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde medforfattere til opgaven.
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	relationship or indicate none (add rows as needed) ning of the work None Finn Friis Lauszus	Har hjulpet mig med at sende forespørgslen ang projektet ind, samt hjulpet mig med at finde medforfattere til opgaven.

4	Consulting fees	⊠ None	
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	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	□ Mone	
	h e		
_	Double in a big a Data	N	
9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
	,		
10	Leadership or fiduciary	None	
	role in 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	Other financial or non-	⊠ None	
	financial interests		

 $oxed{\boxtimes}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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

D - 4			
Dat			
	r name: Finn Friis Lauszu	SL	
Mai	nuscript title:		
Mai	nuscript number (if known)):	
are ro third comr list a The f	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. Discriptions as they relate to the current of the current o
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reporter	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)
Tim	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 Non	
	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	None Non	
5	Royalties of ficerises	RA MOLIC	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ 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

 \boxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal