Dat	te : 5. maj 2022				
You	ur name: Henrik K	Kehlet			
Ma	Manuscript title: Guidelineudfordringer for perioperativ glykæmisk kontrol				
Ma	nuscript number (if	known)			
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	following questions a uscript only.	apply to	the author's relationship	os/activities/interests as they relate to the <u>current</u>	
perta antih In ite	ains to the epidemion nypertensive medicate em #1 below, report	logy of l tion, eve all supp	hypertension, you should en if that medication is n	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 init				
1	All support for the pr manuscript (e.g., fun- provision of study materials, medical wi article processing cha- etc.)	riting,	⊠ None		
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Time	e frame: past 36 mont	ths			
2	Grants or contracts fi any entity (if not indi in item #1 above).	_	⊠ None		
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
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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Dat	e: 5. maj 2022				
You	ır name: Mikkel Wiberg				
Ma	Manuscript title: Guidelineudfordringer for perioperativ glykæmisk kontrol				
Ma	nuscript number (if known):			
are r third comi	elated to the content of yo parties whose interests m	our manuscript. "Related" ay be affected by the connul 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 edicate a bias. If you are in doubt about whether to bu do so.		
	following questions apply t uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
perta antih In ite	ains to the epidemiology of hypertensive medication, ev	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 not 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				
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			
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
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
٥	pending	∆ None
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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	
	ulipalu	
11	Stock or stock options	⊠ None
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12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other services	
13	Other financial or non- financial interests	⊠ None

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Dat	te: 5. maj 2022				
You	ır name: Signe Schmidt				
Ma	Manuscript title: Guidelineudfordringer for perioperativ glykæmisk kontrol				
Ma	nuscript number (if knowr	ո)։			
are r third com	elated to the content of your parties whose interests m	our manuscript. "Related" hay be affected by the con- and 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.		
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perta antih In ite	ains to the epidemiology on sypertensive medication, e	f hypertension, you should ven if that medication is no 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)		
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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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Time	e frame: past 36 months	AS A MADERAL DIN			
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			
3	Royalties or licenses	⊠ None			

4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novo Nordisk A/S	Fee for speaking	
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	□ None		
	Safety Monitoring Board or Advisory Board	Diabetesforeningen	Member of advisory board "Diabetesrådet"	
		Danish Diabetes Academy	Member of National Advisory Forum	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ 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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Date : 5. maj 2022		
Your name: Sten Madsbad		
Manuscript title: Guidel	ineudfordringer for perioper	ativ glykæmisk kontrol
Manuscript number (if known	n):	
are related to the content of you third parties whose interests m	our manuscript. "Related" ay be affected by the con 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.
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pertains to the epidemiology o	f hypertension, you shoul	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
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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)
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All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Time frame: past 36 months		ERANGE OF BUILDING
2 Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3 Royalties or licenses	⊠ None	

4 Co	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
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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Date	e: 15. august 2022		
You	r name: Luma Mahmoud	Issa	
Mar	nuscript title: Guideli	neudfordringer for periopera	itiv glykæmisk kontrol
Mar	nuscript number (if known)):	
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	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 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		
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	⊠ None	
	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	

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

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