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Date : 28. marts 2022			
Your name: Sigrid	Bjerge Gribsholt		
Manuscript title: Stigmatisering ved svær overvægt			
Manuscript number (if known):			

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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)
Tim	e frame: Since the initial plar	nning of the work	
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	provision of study materials, medical writing, article processing charges, etc.)	Region Midtjyllands Sundhedsvidenskab elige	
		Forskningsfond	
	No time limit for this item.		
	item.		

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2	Grants or contracts from	⊠ None			
	any entity (if not indicated	The Independent			
	in item #1 above).	Research Fund Denmark			
		The Novo Nordisk			
		Foundation			

3	Royalties or licenses	⊠ None
4	Consulting fees	⊠ None
_		
5	Payment or honoraria for	⊠ None
	lectures, presentations, speakers bureaus,	Novo Nordisk Danmark
	manuscript writing or	A/S: lecture
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
,	meetings and/or travel	None
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
		Γ <u></u>
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
	<u> </u>	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	M NOTE
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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Date:	8/26/2021
Your Name:	Pernille Andreassen
Manuscript Title:	Stigmatisering ved svær overvægt
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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	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:	3/28/2022
Your Name:	Else Ladekjær
Manuscript Title:	Stigmatisering ved svær overvægt
Manuscript Number (if known):	Click or tap here to enter text.

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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 item.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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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)
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	

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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: 24. februar 2021		
You	r name: Jens Meldgaard	Bruun	
Mai	nuscript title: Stigma	tisering ved svær overvægt	
Mar	nuscript number (if known):	
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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.)	⊠ None	
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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	None Non	
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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	Danish 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	⊠ None	

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