

ICMJE DISCLOSURE FORM

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Date: 10. marts 2021

Your name: Thomas Benfield

Manuscript title:

Manuscript number (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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	

Click TAB in last row to add extra rows

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Novo Nordisk Foundation	Unrestricted grant to my institution
		Simonsen Foundation	Unrestricted grant to my institution
		Lundbeck Foundation	Unrestricted grant to my institution
		Kai Foundation	Unrestricted grant to my institution
		Erik and Susanna Olesen's Charitable Fund	Unrestricted grant to my institution

		GSK	Unrestricted grant to my institution and advisory board
		Pfizer	Unrestricted grant to my institution, principal investigator//clinical trial, advisory board
		Boehringer Ingelheim	Principal investigator/clinical trial
		Gilead Sciences	Unrestricted grant to my institution, principal investigator//clinical trial, advisory board
		MSD	Unrestricted grant to my institution, principal investigator, advisory board
		Pentabase	Board member
		Roche	Principal investigator/clinical trial
		Novartis	Principal investigator/clinical trial
		Kancera AB	Principal investigator/clinical trial

3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		GSK	
		Pfizer	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		GSK	lecture
		Pfizer	lecture
		Gilead Sciences	lecture
		Boehringer Ingelheim	lecture
		Abbvie	lecture

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	

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

11	Stock or stock options	<input checked="" type="checkbox"/> None	

12		<input type="checkbox"/> None	
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	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Eli Lilly	Donation of trial medication (baricitinib)
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.

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ICMJE DISCLOSURE FORM

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

Date: 4. oktober 2021

Your name: Jens Peter Gøtze

Manuscript title:

Manuscript number (if known):

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		A consultant assignment for Novo Nordic on a new hormonal target for future therapy in heart failure	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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