## **ICMJE DISCLOSURE FORM**

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

| Dat  | <b>e</b> : 6. oktober 2022  |  |  |
|--|---|--|--|
| You  | r name: Kåre Letrud   |  |  |
| Mai  | nuscript title: Hvis du leger   | med ild, så tisser du i senge  | en: En Google Trends-søgning efter en korrelation  |
| Mai  | nuscript number (if known   | ):   |  |
| In the are retained third comments to a the first a the first a the first and the first antihulantic the first ant | e interest of transparency, elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest ollowing questions apply to ascript only.  Buthor's relationships/activities to the epidemiology of ypertensive medication, even | we ask you to disclose all ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reporter | defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. |
|  |   | 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   |  |  |
| 1  | All support for the present<br>manuscript (e.g., funding,<br>provision of study<br>materials, medical writing,<br>article processing charges,<br>etc.)  | ⊠ None   |  |
|  | 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 any entity (if not indicated in item #1 above).  | ⊠ None   |  |
|  | ,   |  |  |
| 3  | Royalties or licenses   | <b>⊠</b> 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        |  |  |
|    |   | Z None        |  |  |
|    |   |               |  |  |
| 7  | Support for attending   | <b>⊠</b> None |  |  |
|    | meetings and/or travel  |               |  |  |
|    |   |               |  |  |
| 8  | Patents planned, issued or pending  | ⊠ None        |  |  |
|    |   |               |  |  |
|    |   |               |  |  |
| 9  | Participation on a Data<br>Safety Monitoring Board<br>or Advisory Board                                       | ⊠ None        |  |  |
|    |   |               |  |  |
|    |   |               |  |  |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | <b>⊠</b> None |  |  |
|    |   |               |  |  |
|    |   |               |  |  |
|    |   |               |  |  |
| 11 | Stock or stock options  | ⊠ None        |  |  |
|    |   |               |  |  |
|    |   |               |  |  |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | ⊠ None        |  |  |
|    |   |               |  |  |
|    |   |               |  |  |
|    |   |               |  |  |
| 13 | Other financial or non-<br>financial interests  | ⊠ 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.

## 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.