Date	e : 26. juli 2022		
You	r name : Carina N. Bagge)	
Mar	nuscript title: Endosk	opisk behandling af gastrisk	antral vaskulær ektasi
Mar	nuscript number (if known)):	
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no	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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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 None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None 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 None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

 ${f f Z}$ 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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Dat	e: 22. juli 2022		
You	r name: Mustafa Bulut		
Mar	nuscript title: Endosk	opisk behandling af gastrisk	antral vaskulær ektasi
Mar	nuscript number (if known)):	
are re third comr list a The f	elated to the content of yo 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. ps/activities/interests as they relate to the current
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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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses		
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4	Consulting fees	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 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 None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

 ${f f Z}$ 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: Klik eller tryk for at angi	ve en dato.	
You	I r name : Stig Borbjerg I	_aursen	
Mai	nuscript title: Endos	skopisk behandling af gastrisk	antral vaskulær ektasi
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are re third comr list a	elated to the content of y parties whose interests n mitment to transparency a relationship/activity/inte	our manuscript. "Related" nay be affected by the con and does not necessarily in rest, 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
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	No time limit for this item.		
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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	
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4	Consulting fees	None Non	
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5	Payment or honoraria for lectures, presentations,	None Non	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
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7	Support for attending	■ None	
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10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other services		
	301 11003		
13	Other financial or non-	None Non	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 12. juli 2022		
You	r name : John Gásdal Kar	rstensen	
Mar	nuscript title: Endosk	copisk behandling af gastrisk	antral vaskulær ektasi
Mar	nuscript number (if known):	
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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 Non	
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2	Grants or contracts from any entity (if not indicated		
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3	Royalties or licenses		
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4	Consulting fees	□ None	
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	educational events		
6	Payment for expert		
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7	Support for attending	■ None	
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	or Advisory Board		
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10	Leadership or fiduciary		
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
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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	
10	financial interests	ZY INOTIC	

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Manu	script title: End	oskopisk behandling af gastrisk	k antral vaskulær ektasi
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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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Time f	rame: past 36 months		
a	Grants or contracts from any entity (if not indicate in item #1 above).	E3 140116	
3 R	Royalties or licenses	⊠ None	

Date: 15. juli 2022

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

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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