ICMJE DISCLOSURE FORM

Date	e: 7. januar 2025						
You	Ir name : Jørn Dalsgaard	l Nielsen					
Manuscript title: Discontinuation of warfarin therapy before elective invasive procedures							
Manuscript number (if known):							
are re third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" hay be affected by the coi nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou do so.				
	following questions apply to uscript only.	o the author's relationshi _l	ps/activities/interests as they relate to the <u>current</u>				
perta	ains to the epidemiology o	f hypertension, you shou	<u>defined broadly</u> . For example, if your manuscript ld declare all relationships with manufacturers of not mentioned in the manuscript.				
	rm #1 below, report all sup r items, the time frame for	•	ed 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	ning of the work					
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, 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 Non					
3	Royalties or licenses	None Non					

4	Consulting fees	None Non			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None			
6	Daymont for export	M None			
O	Payment for expert testimony	⊠ None			
	Commony				
7	Support for attending	None Non			
	meetings and/or travel				
8	Patents planned, issued or	None Non			
	pending				
9	Participation on a Data	None Non			
	Safety Monitoring Board				
	or Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
	unpaid				
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			

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

ICMJE DISCLOSURE FORM

Date	9: 16. januar 2025							
You	r name: Thomas S Herr	nann						
Mar	Manuscript title: Discontinuation of warfarin therapy before elective invasive procedures							
Mar	Manuscript number (if known):							
are re third comr list a	elated to the content of yo parties whose interests m nitment to transparency a relationship/activity/inter	ur manuscript. "Related" ay be affected by the cond does not necessarily in est, it is preferable that y	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou do so. ps/activities/interests as they relate to the current					
	uscript only.		<u></u>					
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscrippertains 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.	None None						
			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						

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	4	Consulting fees	None Non		
lectures, presentations, speakers bureaus, manuscript writing or educational events Support for expert testimony Support for attending meetings and/or travel None					
lectures, presentations, speakers bureaus, manuscript writing or educational events Support for expert testimony Support for attending meetings and/or travel None					
lectures, presentations, speakers bureaus, manuscript writing or educational events	5	Payment or honoraria for	□ None		
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or		lectures, presentations,	[BMS, Organon, Bayer	
educational events Payment for expert testimony None					
6 Payment for expert testimony None 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or					
To Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or		educational events			
7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	6	Payment for expert	■ None		
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or		testimony			
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or					
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	7	Support for attending	⊠ None		
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or					
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or					
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	8	Patents planned issued or	⊠ None		
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or			⊠ None		
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or					
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or		Double la elle a come Dete			
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	9		None		
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or					
role in other board, society, committee or advocacy group, paid or		-			
society, committee or advocacy group, paid or	10		None Non		
advocacy group, paid or		society, committee or			
1 1 '					
11 Stock or stock options None	11	Stock or stock options	⊠ None		
	12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
services					
13 Other financial or non- None	13	Other financial or non- financial interests	None		
financial interests					

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