# ICMJE DISCLOSURE FORM

**Date:** 8. januar 2025

**Your Name:** Steen Bærentzen

**Manuscript Title:** Borrelia artritis – en differentialdiagnose til monoartritis

**Manuscript Number (if known):** Click or tap here to enter text.

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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)** |
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| **Time frame: Since the initial planning of the work** | | | |
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| | | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | | | |
| **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) |
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| **4** | Consulting fees | ☒ **None** | |
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| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
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| **6** | Payment for expert testimony | ☒ **None** | |
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| **7** | Support for attending meetings and/or travel | ☒ **None** | |
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| **8** | Patents planned, issued or pending | ☒ **None** | |
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| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |
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| **11** | Stock or stock options | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**Date**: 8. januar 2026

**Your name**: Victor Næstholt Dahl

**Manuscript title**: Borrelia artritis – en differentialdiagnose til monoartritis

**Manuscript number** (if known):

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**Date**: 7. januar 2026

**Your name**: Marie Louise Isaksen

**Manuscript title**: Borrelia artritis - en differentialdiagnose til monoartritis

**Manuscript number** (if known):

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**Date**: 7. januar 2026

**Your name**: Carsten Schade Larsen

**Manuscript title**: Borrelia artritis – en differentialdiagnose til monoartritis

**Manuscript number** (if known):

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ **None** | |
| | | GSK | Payment personal |
| | | Pfizer | Payment personal |
| | | Novartis | Payment personal |
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| 6 | Payment for expert testimony | ☒ **None** | |
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| 7 | Support for attending meetings and/or travel | ☐ **None** | |
| | | CSL-Behring | Payment to institution |
| | | MSD | Payment to institution |

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☐ **None** | |
| | | Moderna | Payment personal |
| | | Takeda | Payment personal |
| | | Bavarian Nordic | Payment personal |
| | | MSD | Payment personal |
| | | Valneva | Payment personal |

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| | | European LIfeCareGroup | Group Medical Director |
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