

ICMJE DISCLOSURE FORM

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Date: 5. februar 2024

Your name: Charlotta Pisinger

Manuscript title: E- cigaretter kan ikke anbefales som rygestopmiddel, og langtidseffekterne er uafklarede

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.

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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			
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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None	
		TrygFonden	Pay my professorship and partly my salary
3	Royalties or licenses	☒ 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	
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	

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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Date: 5. februar 2024

Your name: Anders Løkke

Manuscript title: E- cigaretter kan ikke anbefales som rygestopmiddel, og langtidseffekterne er uafklarede

Manuscript number (if known):

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		AstraZeneca	Grant not related to the present study
		Chiesi	Grant not related to the present study
		Sanofi	Grant not related to the present study
		Boehringer Ingelheim	Grant not related to the present study
3	Royalties or licenses	☒ None	

4	Consulting fees	☒ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None	
		AstraZeneca	Personal fee
		Chiesi	Personal fee
		Boehringer Ingelheim	Personal fee
		GlaxoSmithKline	Personal fee
	Sanofi	Personal fee	
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	
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Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 12. februar 2024

Your name: Nina Godtfredsen

Manuscript title: E- cigaretter kan ikke anbefales som rygestopmiddel, og langtidseffekterne er uafklarede

Manuscript number (if known):

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		Chiesi	Personal fee
		GlaxoSmithKline	Personal fee
6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☐ None	
		Orion Pharma	ERS congress 2022
		AstraZeneca	ERS congress 2023
8	Patents planned, issued or pending	☒ None	
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