Date	e: 28. februar 2024		
	r name: Thea Kølsen Fisc	cher	
Mar	nuscript title: Hjemi	mebehandling, hjemm	emonitorering og hjemmehospitaler i
	nuscript number (if known)	<u> </u>	3 3 3 1
are re hird comm ist a	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that you	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 <u>current</u>
oerta antih n ite	The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of intihypertensive 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)
	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	□ None	Innovation Fund Denmark. Payment only made to project-account in my institution
	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	Innovation Fund Denmark. Payment only made to project-account in my institution
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
6	Payment for expert testimony	None Non
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	□ None 2 patents submitted
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

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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.

Date	e: 27. februar 2024		
You	r name: Charlotte Demu	th von Sydow	
Mai	nuscript title: Hjem	mebehandling, hjemm	emonitorering og hjemmehospitaler i
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 ent 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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	r items, the time frame for	•	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)
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	
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
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

 \boxtimes 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: 27. februar 2024		
You	r name: Thyge Lynghøj	Nielsen	
Mai	nuscript title: Hjem	mebehandling, hjemm	emonitorering og hjemmehospitaler i
Mai	nuscript number (if known):	
are re third comr list a	elated to the content of yo parties whose interests m mitment to transparency a relationship/activity/intere	our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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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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	o traine. past 50 months		
2	Grants or contracts from		
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses		

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
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 27. februar 2024				
You	r name: Maria Normand	Larsen			
Mai	Manuscript title: Hjemmebehandling, hjemmemonitorering og hjemmehospitaler i				
Mar	nuscript number (if known):			
are re third comr list a	elated to the content of yo parties whose interests ma mitment 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		
The a perta antih	author's relationships/activ hins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	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)		
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			
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	
6	Daymont for expert	∇ None	
O	Payment for expert testimony	None	
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
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	ponding		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None Non	
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	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
	otook of Stook options	M MOLIC	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
	50. #1005		
13	Other financial or non-	None Non	
	financial interests		

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Digitalt signeret af Maria
Normand Larsen
Dato: 2024.02.27 09:22:38 +01'00'

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

	e: 27. februar 2024		
	r name: Maria Lund Chri	etoneon	
			emonitorering og hjemmehospitaler i
	nuscript number (if known)	<u> </u>	emonitorering og njemmenospitaler i
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. Discriptions of the courrent of the course of the course of the courrent of the course of
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	m #1 below, report all suppritems, the time frame for	•	d in this manuscript without time limit. For all nonths.
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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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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
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	whom you have this relationship or indicate none (add rows as needed) ning of the work	(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.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)
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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
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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Date	e: 27. februar 2024		
You	r name: Kristian Kidholm	١	
Mar	nuscript title: Hjem	mebehandling, hjemm	emonitorering og hjemmehospitaler i
Mar	nuscript number (if known)):	
are re third comr list a	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. Discriptions/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)
Time	e frame: Since the initial plan	-	
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	
3	Royalties or licenses	☐ None	
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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None Non	
	manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
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. •	role in other board, society, committee or advocacy group, paid or	Behandlingsrådet	Jeg er medlem af det nationale Behandlingsråd under danske regioner.
	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	

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Kristian Kidholm

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Date	e: 27. februar 2024		
You	r name: Jeff Kirk SVane		
Mar	nuscript title: Hjem	mebehandling, hjemm	emonitorering og hjemmehospitaler i
Mar	nuscript number (if known):	
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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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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses		

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers bureaus,		
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6	Payment for expert testimony	⊠ None	
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	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary	⊠ None	
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11	Stock or stock options		
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 29. februar 2024		
You	I r name : Tatjana Vektorv	na Sandreva	
	nuscript title: Hjem nuscript number (if known)		emonitorering og hjemmehospitaler i
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	em #1 below, report all supper items, the time frame for	•	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)
Time	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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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
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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Date	e: 29. februar 2024			
You	Your name: Maja Kjær Rasmussen			
Mai	Manuscript title: Hjemmebehandling, hjemmemonitorering og hjemmehospitaler i			
Mar	nuscript 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.				
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
The author's relationships/activities/interests should be <u>defined broadly</u> . 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.				
Time	e frame: Since the initial plan	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)	
1	All support for the present	⊠ None		
	manuscript (e.g., funding,			
	provision of study materials, medical writing,			
	article processing charges,			
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Time	e frame: past 36 months			

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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
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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