Date	e: 31. januar 2021		
	r name: Ditte Marie Sau	nte	
	nuscript title: Danish medica ases in skin of colour: a cross		s' confidence level in diagnosing dermatological
Mar	nuscript number (if known):	
are rethird commist a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest ollowing questions apply to ascript only. Buthor's relationships/activity of the epidemiology of ypertensive medication, experienced when the content of the epidemiology of the series of the epidemiology of the e	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reporter	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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	⊠ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	None Novartis Novartis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis Jamjoom Pharma LeoPharma Sanofi	
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 Sanofi	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Board Member Board Member	European Academy of Dermatology and Venereology Nordic Society for Medical Mycology
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	

 $oxed{\boxtimes}$ 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

Date: 31. Januar 2023

Your Name: Jacob Pontoppidan Thyssen

Manuscript Title: Danish medical students and junior doctors' confidence level in diagnosing dermatological diseases in skin of

colour: a cross-sectional survey study

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 <u>current</u> <u>manuscript only</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.

		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.	Sanofi Genzyme	Medical writting
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Pfizer, Regeneron, Sanofi- Genzyme	Research grants to institution
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	Sanofi-Genzyme, Regeneron, Pfizer, Abbvie, Leo Pharma, Almirall	
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	Sanofi-Genzyme, Regeneron, Pfizer, Abbvie, Leo Pharma, OM-85, Arena, Aslan, Almirall, Coloplast, RAPT Therapeutics, Union Therapeutics	
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of any i	Name	
12	Receipt of equipment, materials, drugs, medical	None	
wr	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date	e: 1. februar 2023		
You	r name: Janne Sørensen		
	nuscript title: Danish medica ases in skin of colour: a cross		s' confidence level in diagnosing dermatological
Mar	nuscript number (if known):	
are rethird comrist a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest following questions apply to ascript only. Buthor's relationships/activities to the epidemiology of ypertensive medication, experienced in the content of the properties of the epidemiology of the particular of the epidemiology of the particular of the epidemiology of the	ur manuscript. "Related" ay be affected by the confind does not necessarily in est, it is preferable that you the author's relationship tities/interests should be go hypertension, you should yen if that medication is not port for the work reporter	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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 plar	-	
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.		
			L 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	M None	
5	Noyanies of ficerises	None Non	

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

 \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



Date	e: 1. februar 2023		
You	r name: Marie Nørredam	ı	
	nuscript title: Danish medica ases in skin of colour: a cross		s' confidence level in diagnosing dermatological
Mar	nuscript number (if known):	
are rethird comrist a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest ollowing questions apply to ascript only. Buthor's relationships/activity of the epidemiology of ypertensive medication, experienced when the content of the epidemiology of the series of the epidemiology of the e	ur manuscript. "Related" ay be affected by the con- nd does not necessarily in est, it is preferable that yo the author's relationship rities/interests should be a hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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.		
I		<u>. </u>	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
ı			
2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
,			
3	Royalties or licenses	⊠ None	

4	Consulting fees	ees None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert	☑ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	anpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	M None	
13	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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 27. februar 2023		
You	r name: Nasra Abdi Ashi	ur	
	nuscript title: Danish medica ases in skin of colour: a cross		s' confidence level in diagnosing dermatological
Mar	nuscript number (if known):	
are rethird commissed as	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interes	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. Os/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	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	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plar	•	
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.		
		l	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Povalties or licenses	Mana	
Э	Royalties or licenses		

4	Consulting fees	ees None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert	☑ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	anpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	M None	
13	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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 30. januar 2023		
You	r name: Simon Francis T	homsen	
	nuscript title : Danish medica ases in skin of colour: a cross		s' confidence level in diagnosing dermatological
Mar	nuscript number (if known):	
are rethird commits a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interests ollowing questions apply to uscript only. Buthor's relationships/activities to the epidemiology of ypertensive medication, experiences.	ur manuscript. "Related" ay be affected by the con- nd does not necessarily in est, it is preferable that yo the author's relationship rities/interests should be a hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
Time	e frame: Since the initial plan		
1	All support for the present	⊠ None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing, article processing charges,		
	etc.)		
	,		
	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	☐ None	
	any entity (if not indicated in item #1 above).	Research support	Novartis, UCB, LEO Pharma
	iii iteiii #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	☐ None	
	lectures, presentations, speakers bureaus,	Speaker	Novartis
	manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony	Z None	
7	Support for attending	□ None	
	meetings and/or travel	EADV, GUF	Novartis, Sanofi
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	□ None	
	Safety Monitoring Board or Advisory Board		
	or Advisory Bodia		
10	Leadership or fiduciary	☐ None	
	role in other board, society, committee or	Advisory board	Novartis, Union Therapeutics, Sanofi, UCB, Sanofi
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	⊠ None	
	financial interests		

🛛 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