Date	e: 8. februar 2023		
You	r name: Camilla Krogh		
Mar	nuscript title: Organo	donation efter cirkulatorisk d	ød i Danmark
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	
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins 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.
	m #1 below, report all support 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	□ None	
	manuscript (e.g., funding, provision of study	Danish Health Authority	Receives salary
	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		
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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	⊠ None	
3	noyunces of needses	EN MOLIC	

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 None
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 3. januar 2023		
	ı r name : Cengiz Akgül		
		lonation efter circulatorisk d	ad i Danmark
	nuscript number (if known		ou i Dailliaik
IVIdi	nuscript number (ii known).	
are ro third comr list a The f	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interestions apply to	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. Os/activities/interests as they relate to the current
manı	uscript only.		
perta	ins 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.
	m #1 below, report all sup 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		
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			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Cuanta au agustuanta fuana	M Name	
2	Grants or contracts from any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	
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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 None
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 2. januar 2023		
You	r name: Christina	Rosenlund	
Mar	nuscript title: Organo	donation efter cirkulatorisk d	ød i Danmark
	nuscript number (if known		
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency a 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.
The apertaantih	ins to the epidemiology of ypertensive 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. Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
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.) No time limit for this item.	⊠ None	
	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	

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 None
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date: 9. Februar 2023
Your Name: Henrik Birn
Manuscript Title: Organdonation efter cirkulatorisk død i Danmark
Manuscript number (if known): UFL-01-23-0051

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 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) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All conservation the conservation		- Planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		—	
		Time frame: past	36 months
2	Grants or contracts from		
	any entity (if not indicated	Vifor Pharma	Research grant, paid to institution
	in item #1 above).	GSK	Research contract, paid to institution
3	Royalties or licenses	None	
4	Consulting fees	Astra Zeneca	Consulting on CKD and epidemiological studies in CKD.

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending	Astra Zeneca Alexion NOVO Netdoktor.dk BestPractice Nordic None	Speakers honorarium, chair at meetings Speakers honorarium, chair at meetings Speakers honorarium Honorarium for manuscript on CKD Video on CKD, no payment received
	meetings and/or travel	Astra Zeneca	Support for meeting attendance
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra Zeneca Vifor Pharma Boehringer Ingelheim GSK Galapagos	Advisory board Advisory board Advisory board Advisory board IDMC
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_Danish Society of Nephrology	Chairman
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	

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: 8. februar 2023			
Your name: Marie-Louise Kirkegaard Mikkelsen				
Mar	Manuscript title: Organdonation efter cirkulatorisk død i Danmark			
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. Dis/activities/interests as they relate to the current	
perta antih In 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 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	e frame: Since the initial plan	ning of the work		
1	All support for the present manuscript (e.g., funding,	□ None		
	provision of study	Danish Health Authority	Receives salary	
	materials, medical writing,			
	article processing charges,			
	etc.)			
	No time limit for this			
	item.			
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Time	e frame: past 36 months			
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2	Grants or contracts from	⊠ None		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

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 None
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 3. januar 2023		
You	r name: Michael Perch		
Mar	nuscript title: Organo	donation efter cirkulatorisk d	ød I danmark
Mar	nuscript number (if known):	
In the are retained third commits a The formant The apertained antih	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 hird 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 the ist 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. 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)
Time	e frame: Since the initial plan		
1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
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			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	Roche	Institutional research grant
	in item #1 above).	PulmonX	Institutional research grant
2	Dayaltics on linears		<u> </u>
3	Royalties or licenses		

4	Consulting fees	⊠ None		
		Takeda	Every transplant matters, policy paper	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None		
		Astra Zeneca	lecture	
		Therakos	lecture	
		PulmonX	lecture	
6	Payment for expert testimony	⊠ None		
		PulmonX	Expert testemony	
7	Support for attending			
,	meetings and/or travel	☒ None Boeringer-Ingelheim	ERS 2022	
		Boeringer-ingenienn	LN0 2022	
8	Datanta plannod issued or			
0	Patents planned, issued or pending			
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None		
		Astra Zeneca	Advisory x2	
		Takeda	X1	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None		
		Chairman	Danish transplant society	
		Board member	Scandiatransplant	
		Chair	ERS group 8.02 Transplantation	
		secretary	ESHLT	
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		
		Z NOIC		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: Klik eller tryk for at angive	e en dato.	
	r name: Karen Lise Kobb		
		donation efter cirkulatorisk d	ad I Danmark
-	nuscript number (if known)		ed i Ballinark
In the are re third comr	e interest of transparency, elated to the content of yo parties whose interests ma	we ask you to disclose all 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.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins 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.
	m #1 below, report all suppritems, 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 Non	
	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
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

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