Date	e : 4. marts 2024		
You	r name: Ellen Moseholm		
Mai	nuscript title: Gravi	iditet og Infektion	
	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.
<u>manı</u>	<u>uscript only</u> .		
perta antih In ite	nins 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.
		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
Tim	e frame: past 36 months		onek in bill last fow to add extra fows
11111	e frame. past 50 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Helsefonden	
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

🛛 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

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 28. februar 2024				
Your name: Lene Ryom				
Manuscript title: Graviditet og Infektion				
Manuscript number (if known): UFL-11-23-0738				

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	nning 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	⊠ None	
	item.		OU LEAD I LA

Tim	Time frame: past 36 months			
2	Grants or contracts from	None Non		
	any entity (if not indicated			
	in item #1 above).			
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

🛛 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

Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 4. marts 2024				
Your name: Nina Rise				
Manuscript title: Graviditet og Infektion				
Manuscript number (if known): UFL-11-23-0738				

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	nning 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	⊠ None	
	item.		

Tim	Time frame: past 36 months			
2	Grants or contracts from	None Non		
	any entity (if not indicated			
	in item #1 above).			
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 Non	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	☐ None Advanz Pharma	Participation in ECCMID 2023, incl. travel expenses.
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 Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- 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

Da	te: Klik eller tryk for a	t angive en dato.	38/2-2024
Yo	ur name: MAJBRE	TO JEPPESEN	
		riditet og Infektion	
Ma	nuscript number (if knowr	n): UFL-11-23-0738	
are i third com list a	related to the content of your disparties whose interests maintenent to transparency as relationship/activity/inter	our manuscript. "Related" hay be affected by the con hand does not necessarily in rest, it is preferable that yo	
	following questions apply t uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
pert antil In ite	ains to the epidemiology of hypertensive medication, e	f hypertension, you should wen if that medication is reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript. d in this manuscript without time limit. For all mentions
	interns, the time name for		monus.
	arteria, the time name for	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	ne frame: Since the initial plai	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
Tim 1		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
_	All support for the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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
_	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	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
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	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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	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)
Tim	All support for the initial plane. 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. The frame: past 36 months Grants or contracts from any entity (if not indicated)	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None
6	Payment for expert	∆⊠ None
Ů	testimony	os none
	·	
-	Community of the standing	Eri A
7	Support for attending meetings and/or travel	Mone None
	meetings and/or traver	
8	Patents planned, issued or	☑ None
	pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
_		
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or advocacy group, paid or	EL PROPE
	unpaid	
11	Stock or stock options	⊠ None
	·	
12	Receipt of equipment,	None
14	materials, drugs, medical	Diviole
	writing, gifts or other services	
_	2C1 A1CE2	
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

Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 28. februar 2024				
Your name: Lene Surland Knudsen				
Manuscript title: Graviditet og Infektion				
Manuscript number (if known): UFL-11-23-0738				

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
	1101111		

Tim	Time frame: past 36 months			
2	Grants or contracts from	None Non		
	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

🛛 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

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: Klik eller tryk f	Date: Klik eller tryk for at angive en dato.			
Your name: Isik Son	Your name: Isik Somuncu Johansen			
Manuscript title: Graviditet og Infektion				
Manuscript number (if known): UFL-11-23-0738				

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	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	
	item.		

Tim	Time frame: past 36 months				
2	Grants or contracts from	None Non			
	any entity (if not indicated				
	in item #1 above).				
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 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

Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date : 6. marts 2024				
Your name: Terese L Katzenstein				
Manuscript title: Graviditet og Infektion				
Manuscript number (if known): UFL-11-23-0738				

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
	1101111		

Tim	Time frame: past 36 months				
2	Grants or contracts from	None Non			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	⊠ None			

4	Consulting fees	None Non	
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus,		ViiV/Glaxo Smith Kline, Gilead, Merck
	manuscript writing or		Sharp & Dogme, CLS Behring, and Takeda,
	educational events		Chiesi and Vertex
6	Payment for expert	None Non	
	testimony	None	
7	Support for attending	□None	
/	meetings and/or travel	□ None	ViiV/Glaxo Smith Kline, Gilead, Merck
	g		Sharp & Dogme, CLS Behring, and Takeda,
			Chiesi and Vertex
			ornosi and vertex
8	Patents planned, issued or	∇ None	
0	pending		1
	penamy		
9	Dartisination on a Data	57 N	
9	Participation on a Data Safety Monitoring Board		1
	or Advisory Board		
10	Loodorokin or fiduoioni		
10	Leadership or fiduciary role in other board,		1
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical	2 110110	
	writing, gifts or other		
	services		
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.

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.		
	Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish	
ICMJE Disclosure Form (Feb2023): http://icmje.org	ICMJE Disclosure Form (Feb2023): http://icmje.org	

Dat	e: Klik eller tryk for at ang	jive en dato.	
You	I r name : Gitte Pederse	n	
Mai	nuscript title: Gra	viditet og Infektion	
	nuscript number (if knov		
are re third comr list a	elated to the content of parties whose interests mitment to transparency relationship/activity/inte	your manuscript. "Related" may be affected by the con and does not necessarily in erest, it is preferable that yo	
	ollowing questions apply <u>uscript only</u> .	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology hypertensive medication, m #1 below, report all su	of hypertension, you should even if that medication is n upport for the work reporte or disclosure is the past 36 r	
		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 p		
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.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicate 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 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

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date : 29. februar 2024			
Your name: Nina	Weis	-	
Manuscript title:	Graviditet og Infektion		
Manuscript number	(if known): UFL-11-23-0738		

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)
Tin	ne frame: Since the initial plan	nning 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.		
	<u> </u>	10-0-1	Click TAB in last row to add extra rows
Tim	e frame: past 36 months		美型类的形式多类的变色的变色的变色的
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Helsefonden	
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
		Dure Was

oxtimes 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