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

Date:	01/27-2025		
Your name:	Adeline Held Everland		
Manuscript title: Is it possible to prevent transfer of tinea pedis			
Manuscript	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 forprofit 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>

manuscript only.

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	ne 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.)	⊠ None	
	No time limit for this item.		

Tin	Time frame: past 36 months		
2		None	

	Grants or contracts from 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	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
1	Stock or stock options	⊠ None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
1 3	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.

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

Date:

01/27-2025 Your name: Ditte Marie Lindhardt Saunte

Ma	nuscript title:	s it possible to prevent trans	fer of tinea pedis
Ма	nuscript number (if kno	wn):	
belo profi man indic	w that are related to the to rnot-for-profit third pa uscript. Disclosure repre	content of your manuscrities whose interests masents a commitment to	e all relationships/activities/interests listed ript. "Related" means any relation with foray be affected by the content of the transparency and does not necessarily list a relationship/activity/interest, it is
curre	O .	y to the author's relation	ships/activities/interests as they relate to the
man man	uscript pertains to the ep	oidemiology of hypertens	be <u>defined broadly</u> . For example, if your sion, you should declare all relationships with if that medication is not mentioned in the
	em #1 below, report all su ther items, the time frame		rted in this manuscript without time limit. For ast 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	ne frame: Since the initial	planning of the work	
1	All support for the present manuscript	None	
	(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
Tim	ne frame: past 36 months		
2		□ None	

		Grants or contracts from	Janssen	Jamjoom Pharma
		any entity (if not indicated in item #1 above).	Novartis	UCB
			Sanofi	Leo Pharma
ĺ	3	Royalties or licenses	⊠ None	
		,	<u> </u>	
۱	4	Consulting fees	⊠ None	
I	5	Payment or honoraria	☐ None	
		for lectures,	Janssen	Novartis
		presentations, speakers	Sanofi	UCB
		bureaus, manuscript	LeoPharma	ОСВ
		writing or educational events	Leornanna	
		events		
	6	Payment for expert testimony	⊠ None	
1	7	Command for attending		
	7	Support for attending meetings and/or travel	None Non	
		meetings and/or traver		
-				
	8	Patents planned, issued		
		or pending		
ı	9	Participation on a Data	⊠ None	
		Safety Monitoring Board	Z None	
		or Advisory Board		
1	4	Landanahin aufidusian.		
	1 0	Leadership or fiduciary role in other board,	None	
	U	society, committee or		
		advocacy group, paid or		
		unpaid		
	1	Stock or stock options		
	1			
	1	Receipt of equipment,		
	2	materials, drugs,		
	medical writing, gifts or other services			

1	1 Other financial or non- 3 financial interests	⊠ None	
3			

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

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

Is it possible to prevent transfer of tinea pedis

01/27-2025

Your name: Gregor Borut Ernst Jemec

Date:

Manuscript title:

Ма	nuscript number (if kno	wn):	
belo profi man indic	w that are related to the t or not-for-profit third pa uscript. Disclosure repre	content of your manuscrities whose interests masents a commitment to	e all relationships/activities/interests listed ript. "Related" means any relation with foray be affected by the content of the transparency and does not necessarily list a relationship/activity/interest, it is
curre		y to the author's relation	ships/activities/interests as they relate to the
man man	uscript pertains to the ep	oidemiology of hypertens	be <u>defined broadly</u> . For example, if your sion, you should declare all relationships with if that medication is not mentioned in the
	em #1 below, report all su ther items, the time frame		rted in this manuscript without time limit. For ast 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	ne frame: Since the initial		
1	All support for the present manuscript	⊠ None	
	(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
Tim	ne frame: past 36 months		Chok 1715 in last low to add calla lows
	ie Hame. past 30 months		
2		☐ None	

	Grants or contracts from	Ionocon Ciler	Abbyio
	Grants or contracts from any entity (if not	Janssen-Cilag	Abbvie
	indicated in item #1	Novartis	CLS
	above).	Sanofi	Inflarx
		Jamjoom Pharma	Moonlake
		UCB	Regeneron
		Leo Pharma	Sanofi
3	Royalties or licenses	⊠ None	
	Troyantioo or moonlood	△ NOILE	
4	Consulting fees		
5	Payment or honoraria	☐ None	
	for lectures,	Abbvie	Novartis
	presentations, speakers bureaus, manuscript	Moonlake	UCB
	writing or educational	Union	
	events	Therapeutics	
		, , , , , , , , , , , , , , , , , , ,	
6	Payment for expert	None Non	
0	testimony	△ None	1
_		I	
7	Support for attending		1
	meetings and/or travel		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
1	Leadership or fiduciary	M None	
0	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
1	Stock or stock options	M None	
1	Stock or stock options	⊠ None	
1	Receipt of equipment,		
2	materials, drugs,		
-	mandinal multima milita		
_	medical writing, gifts or other services		

1	1 Other financial or non- financial interests	None	
3			

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

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

Date:	01/27-2025	
Your name:	Kristoffer Nagy Skaastrup	
Manuscript title: Is it possible to prevent transfer of tinea pedis		
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 forprofit 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>

manuscript only.

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	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.	⊠ None	

Time frame: past 36 months		
2		None Non

	Grants or contracts from 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	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
1	Stock or stock options	⊠ None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
1 3	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.

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

Date:	01/27-2025			
Your name:	Karen Marie Thyssen Astvad			
Manuscript t	itle: Is it possible to prevent transfer of tinea pedis			
Manuscript n	umber (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 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 pla	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.		

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

3	Royalties or licenses	None Non
4	Consulting fees	⊠ None
5	Payment or honoraria for	None Non
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
	Dougo and four our and	
6	Payment for expert testimony	⊠ None
7	Cupport for attending	
7	Support for attending meetings and/or travel	⊠ None
	ge annan an an an an	
8	Detents planned leaved or	
0	Patents planned, issued or pending	⊠ None
	F J	
9	Participation on a Data	
9	Safety Monitoring Board or	⊠ None
	Advisory Board	
10	Loodorohin or fiduoione	
10	Leadership or fiduciary role in other board,	None Non
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	None Non
	·	
12	Receipt of equipment,	None Non
	materials, drugs, medical	
	writing, gifts or other services	
	261 AICG2	
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

Dat	e:	01/27-2025		
You	r name:	Maiken Cavling Aı	rendrup	
Mar	nuscript ti	tle: Is	s it possible to prevent trans	fer of tinea pedis
Mar	nuscript n	umber (if known)	:	
liste with the relater relater The formant. The appertage antih	d below to for-profit manuscressarily in the collowing quadright online to the profit of the collowing to the collowing to the collowing to the collowing to the profit of the collowing to the collowing	that are related tor not-for-property of the property of the property of the property of the medication, ever the property of the property of the medication, ever the property of the medication, ever the property of the pro	d to the content of you offit third parties whose represents a commit of the first f	
items	s, the time	frame for disclos	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	institution)
Time	o framo. Si	nco the initial pla	needed)	
1		rt for the present	nning of the work None	
'		pt (e.g., funding,	□ Mone	
	provision	,		
		, medical writing, ocessing charges,		
	etc.)	3 3 .		
	No time I	imit for this		
	item.			
			<u> </u>	Click TAB in last row to add extra rows
Tim	e frame: <u>p</u> a	ast 36 months		
2			☐ None	

	Cranta ar contracta from		D 11 1 11 11 0004
	Grants or contracts from	Scynexis	Payed to institution 2024
	any entity (if not indicated in item #1 above).	Pfizer and F2G/Shionogi	Payed to institution 2023
		Cidara/Mundiphar ma	Payed to institution 2021
3	Royalties or licenses	■ None	
4	Consulting fees	■ None	
	3	2 140110	
		<u> </u>	1
5	Payment or honoraria for	☐ None	
	lectures, presentations,	Shionogi	1 talk at ECCMID 2023, personal
	speakers bureaus, manuscript writing or		honorarium
	educational events	Gilead	1 videotalk 2022, personal honorarium
	caacational events	Mundipharma	1 talk in 2021, personal honorarium
		Manaphanna	r taik iii 2021, personai nonoranain
6	Payment for expert	☑ None	
	testimony		
7	Support for attending	∇ None	
,	meetings and/or travel		
	modings and or traver		
8	Patents planned, issued or	■ None	
	pending		
	Double in obligation on a Doba		
9	Participation on a Data Safety Monitoring Board or	None Non	
	Advisory Board		
	Advisory bodiu		
10	Leadership or fiduciary	□ None	
	role in other board,	EUCAST antifungal	chair
	society, committee or	subcommittee	Gridii
	advocacy group, paid or	SUDCOMMITTEE	
	unpaid		
<u> </u>]
11	Stock or stock options	None Non	
12	Receipt of equipment,	M Name	
		None	
12	materials, drugs, medical		

	writing, gifts or other services		
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:	01/27-2025				
Your name:	Tanja Roehmer	Wriedt			
Manuscript ti	itle:	Is it possible to prevent transfer of tinea pedis			
Manuscript n	Manuscript number (if known):				
a the interest of transparancy, we ask you to disclose all relationships/activities/interests listed below that					

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 pla	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.		

Tim	Time frame: past 36 months			
2	Grants or contracts from	None		
	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	⊠ None
	testimony	Z None
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None Non
	Safety Monitoring Board or Advisory Board	
	•	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	□ None
	unpaid	
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 Non

🖾 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:	01/27-2025			
Your name:	Viktoria Sigsgaard			
Manuscript t	itle: Is it possible to prevent transfer of tinea pedis			
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 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	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.)	⊠ None		
	No time limit for this item.			

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

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

🖾 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