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You	ir name: Isahel	1 Honore	
Ma	nuscript title: Kontak	ktblødning	
Ma	nuscript number (if known): UFL-11-24-0837	
are r third com	elated to the content of yo parties whose interests m	our manuscript. "Related" ay be affected by the con 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 idicate a bias. If you are in doubt about whether to ou do so.
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perta antih In ite	ains to the epidemiology of hypertensive medication, ev	hypertension, you should ven if that medication is n port for the work reporte	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not 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)
Tim	e frame: Since the initial plar	nning of the work	the state of the same of the same
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		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠None	
3	Royalties or licenses	☑ None	

Date: 4. marts 2025

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	
13	Other financial or non- financial interests	⊠None

I certify that I have answered	l every question and hav	e not altered the wor	ding of any of the
questions on this form.	-/\a	1/2/	

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Yo	urname: MIA LISSA	SKAALUM BA	ARGISEN
Ma	nuscript title: Kont	aktblødning	
Ma	nuscript number (if know	vn):UFL-11-24-0837	
are third com	related to the content of y d parties whose interests mitment to transparency	our manuscript. "Related may be affected by the co	Il relationships/activities/interests listed below that "means any relation with for-profit or not-for-profit ontent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.
	following questions apply uscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
pert anti In it	ains to the epidemiology hypertensive medication, em #1 below, report all su	of hypertension, you sho even if that medication is apport for the work report or disclosure is the past 30 Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	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.)		
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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		

4	Consulting fees	
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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Your name:	ANE-KERSTI	SKAARUP	RNUOSEN	
Manuscript t	itle: Kontaktblødning			
Manuscript number (if known): UFL-11-24-0837				

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.

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	No time limit for this item.		

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Tim	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
6	Payment for expert testimony	□ None
7	Support for attending meetings and/or travel	None ■
8	Patents planned, issued or pending	I 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	Şi 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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Dat	e: 4. marts 2025		
You	ir name: Julie Lo	mg &	
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Ma	nuscript number (if known): UFL-11-24-0837	
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	following questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antih	ains to the epidemiology of sypertensive medication, ev	hypertension, you should yen if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	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)
Tim	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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None
i .	John Milling (CCS)	Pitone
5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
-	Downsont for a superst	No.
6	Payment for expert	None
	testimony	
7	Support for attending	None
,	meetings and/or travel	Prone
	meetings and, or draver	
8	Patents planned, issued or	None
	pending	
		Type
9	Participation on a Data Safety Monitoring Board	None
	or Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	☑ None
		Altone
	unpaid	
11	Stock or stock options	None
4.0	Burney of a sudament	ned
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
	SEI VICES	
13	Other financial or non-	None
	financial interests	The state of the s

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Dat	e: 6. marts 2025		
You	Ir name: Lone Kjeld Peter	rsen	
Mai	nuscript title: Kontak	tblødning	
Mai	nuscript number (if known): UFL-11-24-0837	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont and 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.
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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 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)
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	
	No time limit for this item.		
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None	

Royalties or licenses

None

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None MSD	Lectures on HPV disease and prevention
6	Payment for expert testimony	None Non	
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	
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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	⊠ None	

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Da	te: 4. marts 2025			
Yo	ur name: ANNE	HAMMER		
Ma	anuscript title: Kontal	ktblødning		
Ma	anuscript number (if knowr	n): UFL-11-24-0837		
are third com	related to the content of you d parties whose interests m	our manuscript. "Related" ay be affected by the con 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 idicate a bias. If you are in doubt about whether to bu do so.	
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pert	ains to the epidemiology of	f hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of mentioned in the manuscript.	
	em #1 below, report all sup er 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)	
Tim	ne frame: Since the initial plar	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		
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	te name, pase so monens	1		
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		
		Exeltis	Honoraria to chair a session at a conference	
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	Roche Reagents from Roche for another Study		
13	Other financial or non- financial interests	None		

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