Date	e: 17. marts 2025		
You	r name: Clara Colombo		
Mar		rsus postponed blastocyst tr	ansfer in stimulated or programmed FET cycles – a
Mar	nuscript number (if known	):	
are rethird commits a The formant The aperta antihe	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interests ollowing questions apply to ascript only.  Buthor's relationships/activity in the epidemiology of ypertensive medication, experienced as a second content of the epidemiology of the epidemiolog	ur manuscript. "Related" ay be affected by the cont and does not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should be 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 in item #1 above).	<b>⊠</b> None	
3	Royalties or licenses	⊠ None	
			-

4	Consulting fees	None
5	lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
	eddeational events	
6	Payment for expert testimony	⊠ None
	cestimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
11	Stock or stock options	<b>⊠</b> None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	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



Dat	e: 3/18/2025		
	nuscript Title: Immedinulated or programmed		
Vour	Name: Anja Pinborg		
	•	we ask you to disclose all	I relationships/activities/interests listed below that
	e interest of transparency,	we ask you to disclose all	Treationships, detivities, interests hated below that
are r	elated to the content of yo	ur manuscript. "Related"	means any relation with for-profit or not-for-profit
thi	rd parties whose interests	may be affected by the co	ontent of the manuscript. Disclosure represents a
comi	mitment to transparency ar	nd does not necessarily in	dicate a bias. If you are in doubt about whether to
	list a relati	onship/activity/interest,	it is preferable that you do so.
	following questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of hypertensive medication, ex	hypertension, you should yen if that medication is no 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 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)
-	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.)	<b>⊠</b> 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	□ None	
-	any entity (if not indicated	Gedeon Richter	Payment to institution
	in item #1 above).	Ferring Pharmaceuticals	Payment to institution
	·	March A/S	Dayment to institution

		Cryos	Payment to institution
3	Royalties or licenses	⊠ None	
٦	Noyalties of ficerises	△ None	
1	Consulting foor	□ None	
4	Consulting fees	□ None	T
		IDCA	Downsort to me
		IBSA Ferring	Payment to me Payment to me
		Gedeon Richter	Payment to me
		Cryos	Payment to me
		Merck A/S	Payment to me
			Training to the
5	Payment or honoraria for	☐ None	
	lectures, presentations,	Gedeon Richter	Payment to me
	speakers bureaus,	Ferring Pharmaceuticals	Payment to me
	manuscript writing or educational events	Merck A/S	Payment to me
	educational events	Organon	Payment to me
6	Payment for expert	<b>⊠</b> None	
	testimony	Z None	
	,		
7	Support for attending	☐ None	
	meetings and/or travel	Gedeon Richter	Payment to institution
8	Patents planned, issued or	<b>⊠</b> None	
	pending	Z None	
	_		
			I.
9	9 Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary	<b>⊠</b> None	
10	role in other board,	△ NOTIE	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	■ None	
12	Receipt of equipment,	<b>⊠</b> None	
	materials, drugs, medical	EZ HONG	
	writing, gifts or other		
	services		
			I .
13	Other financial or non-	None	
	financial interests		

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

Date:	3/18/2025
Your Name:	Kristine Løssl
Manuscript Title:	Immediate versus postponed blastocyst transfer in stimulated or programmed FET cycles – a protocol
Manuscript Number (if known):	[Click or tap here to enter text.]

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

Click TAB in last row to add extra rows

Time frame: past 36 months

2	Grants or contracts from	☐ None		
	any entity (if not indicated	Gedeon Richter	Payment to institution	
	in item #1 above).			
3	Royalties or licenses	☑ None		
4	Consulting fees	☐ None		
		Ferring Lægemidler A/S	Payment to me	
			,	
_		_		
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus,	Ferring Lægemidler A/S	Payment to me	
	manuscript writing or			
	educational events			
	eddedtional events			
6	Payment for expert	<b>⊠</b> None		
	testimony			
7	Support for attending	☐ None	,	
	meetings and/or travel	Ferring Lægemidler A/S	Payment to me	
8	Patents planned, issued or	⊠ None		
	pending	Z None		
9	Participation on a Data	☑ None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary	⊠ Nama		
10	role in other board,	<b>⊠</b> None		
	society, committee or			
	advocacy group, paid or			
	unpaid			
			1	
11	Stock or stock options	☑ None		
12	Pecaint of aguinment	M None		
12	Receipt of equipment, materials, drugs, medical	<b>⊠</b> None	1	
	writing, gifts or other			
	services			
<u> </u>			<u> </u>	
13	Other financial or non-	<b>⊠</b> None		
	financial interests			

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

Date	e: 17. marts 2025			
You	Your name: Amalie Somuncu Johansen			
Mar prote		rsus postponed blastocyst tra	ansfer in stimulated or programmed FET cycles – a	
Mar	nuscript number (if known	):		
are re third comr	elated to the content of yo parties whose interests ma	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 suppitems, the time frame for	•	d in this manuscript without time limit. For all nonths.	
		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)	
	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	Crante or contracts from	No.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non		
2				
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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Date	e: 17. marts 2025		
You	<b>r name</b> : Ellen Løkkegaar	d	
Mar		rsus postponed blastocyst tr	ansfer in stimulated or programmed FET cycles – a
Mar	nuscript number (if known	):	
are rethird commits a The formant The aperta antihe	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interests ollowing questions apply to ascript only.  Buthor's relationships/activity in the epidemiology of ypertensive medication, experienced as a second content of the epidemiology of the epidemiolog	ur manuscript. "Related" ay be affected by the cont and does not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should be 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 in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
			-

4	Consulting fees	ng fees None	
_	Decument on homomorie for		
5	Payment or honoraria for lectures, presentations,	□ None	1
	speakers bureaus,	Pfizer	Lecturer fee
	manuscript writing or	Gedeon Richter	Lecturer fee
	educational events	Dagens Medicin	Lecturer fee
	eddedional events		
6	Payment for expert	□ None	
	testimony		
7	Cupport for attending		
/	Support for attending meetings and/or travel	None	I = .
	lineetings and/or traver	Merck	Travel support
		Gedeon Richter	Travel Support
8	Patents planned, issued or	□ None	
	pending		
9	Participation on a Data	☐ None	
	Safety Monitoring Board	Astellas	Compensation to the hospital for time spent
	or Advisory Board		
10	Leadership or fiduciary	□ None	
	role in other board, society, committee or		
	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	Radiometer	Clinical evaluation of equipment

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



Dat	e: 17. marts 2025		
You	r name: Sara Bergenhe	im	
<b>Ma</b> i	-	rsus postponed blastocyst tra	ansfer in stimulated or programmed FET cycles – a
Mai	nuscript number (if known	):	
are rethird comress and the feature of the feature	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/activins to the epidemiology of ypertensive medication, expanding the particular of the second of the epidemiology of the particular of the epidemiology of the epi	ur manuscript. "Related" ay be affected by the content does not necessarily intest, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reported	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		
	No time limit for this item.		
			Click TAD in last row to add outro rows
			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	Merck A/S	Benefitted from grant to institution
	in item #1 above).		_
3	Royalties or licenses	<b>⊠</b> None	

4	Consulting fees	<b>⊠</b> 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	<b>⊠</b> None	
8	Patents planned, issued or pending	<b>⊠</b> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>⊠</b> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<b>⊠ None</b>	
11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<b>⊠</b> None	
13	Other financial or non- financial interests	□ None Novo Nordisk	Current employment

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



Date	9: 17. marts 2025			
You	r name: Marte Saupstad			
	Manuscript title: Immediate versus postponed blastocyst transfer in stimulated or programmed FET cycles – a protocol			
Mar	nuscript number (if known	):		
are rethird commist a  The formant  The aperta  antih	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest collowing questions apply to ascript only.  Buthor's relationships/activity in the epidemiology of ypertensive medication, experienced as a second content of the epidemiology of the epidemiolog	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 reported	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.			
		<u>L</u>	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     Non	
5	Payment or honoraria for	None     Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
0	testimony	None     Non	
7	Support for attending	⊠ None	
/	meetings and/or travel	None     Non	
	g		
8	Patents planned, issued or		
O	pending	None	
9	Participation on a Data	None     Non	
	Safety Monitoring Board or Advisory Board	Z NOTIC	
10	Leadership or fiduciary	None     Non	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None     Non	
	writing, gifts or other		
	services		
13	Other financial or non-	M None	
13	financial interests	None     Non	

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



Dat	<b>e</b> : 17. marts 2025		
You	Ir name: Mette Petri Lau	ritsen	
	nuscript title: Immediate ve ocol	ersus postponed blastocyst tr	ransfer in stimulated or programmed FET cycles – a
Mai	nuscript number (if known	):	
are re third comr list a	elated to the content of you parties whose interests ma mitment 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.
	uscript only.	- · · · · · · · · · · · · · · · · · · ·	
perta antih	ains to the epidemiology of ypertensive 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.  d in this manuscript without time limit. For all
	r items, the time frame for		
		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)
Tim	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.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from	M None	
۷	any entity (if not indicated in item#1 above).	None     Non	
3	Royalties or licenses	None     Non	
5	noyarties of fleerises	M NOTIC	

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

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	<b>e:</b> 18. marts 2025		
You	r name: Tine Vrist Dam		
Mai	•	rsus postponed blastocyst tr	ansfer in stimulated or programmed FET cycles – a
Mai	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 as a second content of the epidemiology	ur manuscript. "Related" ay be affected by the contact does not necessarily in est, it is preferable that you the author's relationship rities/interests should be a hypertension, you should yen if that medication is not port for the work reporters.	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)
	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.		
	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	<b>⊠</b> None	

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

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



Date	e: 19. marts 2025			
You	r name: Julie Forman			
	Manuscript title: Immediate versus postponed blastocyst transfer in stimulated or programmed FET cycles – a protocol			
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 and relationship/activity/interest following questions apply to ascript only.  Buthor's relationships/activitys to the epidemiology of ypertensive medication, even	ur manuscript. "Related" ay be affected by the contact does not necessarily in est, it is preferable that you the author's relationship ities/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 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 in item #1 above).	None     Non		
2	,	M None		
3	Royalties or licenses			

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
13	Other financial or non- financial interests	None

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



Date:			3/18/2025		
Your Name:			Nina la Cour Freiesleben		
Manuscript Title:			Immediate versus postponed blastocyst transprotocol	nsfer in stimulated or programmed FET cycles – a	
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Rela of the man e in doubt os/activition entioned all suppor	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.  rt for the work reported in this manuscript without time limit. For all other items, the time		
			I entities with whom you have this ship 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 o	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.		one	Click the tab key to add additional rows.	
			Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[-]	one n Richter	Payment to institution Payment to institution Payment to institution	
3	Royalties or licenses	⊠ No	one		

1 12/13/2021 ICMJE Disclosure Form

		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)
4	Consulting fees	[□] None	
		Merck	Payment to me for one meeting.
5	Payment or honoraria for	None	
	lectures, presentations,	Merck, Dec 2024	Payment to me for one presentation at a meeting for fertility experts
	speakers bureaus,		Theeting for fertility experts
	manuscript writing or		
	educational events		
6	Payment for expert testimony	[⊠] None	
	expert testimony		
7	Support for	□ None	
,	attending		
	meetings and/or travel	Merck Ferring	Payment to institution  Payment to institution
		IBSA	Payment to institution
		Gedeon Richter	Payment to institution
8	Patents planned, issued or	None	
	pending		
9	Participation on	[⊠] None	
	a Data Safety Monitoring		
	Board or Advisory Board		
10	Leadership or	□ None	
	fiduciary role in other board,	Chair in the steering committee for the guideline	No payment
	society, committee or	groups for The Danish Fertility Society	
	advocacy group,		
	paid or unpaid		

		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)
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	
Plea [⊠	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/18/2025
Your Name:	Bugge Nøhr
Manuscript Title:	Immediate versus postponed blastocyst transfer in stimulated or programmed FET cycles – a protocol
Manuscript Number (if known):	Click or tap here to enter text.

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.)  No time limit for this item.	⊠ None	

Click TAB in last row to add extra rows

Time frame: past 36 months

2	Grants or contracts from	☐ None	
	any entity (if not indicated	Gedeon Richter	Payment to institution
	in item #1 above).	Merck	Payment to institution
		Ferring Lægemidler A/S	Payment to institution
3	Royalties or licenses	None     Non	
4	Consulting fees	None     Non	
	-		
5	Payment or honoraria for	∇ None	
5	lectures, presentations,		I
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	■ None	
	testimony		
7	Support for attending	□ None	
,	meetings and/or travel	Gedeon Richter	Payment to me
	3	OCCOT MICHTON	1 dyment to me
8	Patents planned, issued or		
	pending		
9	Participation on a Data	☐ None	
	Safety Monitoring Board	Ferrring Lægemidler A/S	Payment to me
	or Advisory Board	Terring Lacgerniaier 70'5	T dymonic to mo
	*		
10	Leadership or fiduciary	None     Non	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
	unpaid		
11	Stock or stock options	None     Non	
	·		
10	Descipt of a miles and	EZN	
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other		
	services		
	JOI VIOCA		
13	Other financial or non-	None     Non	
	financial interests	_ 110110	

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

Date:	3/22/2025
Your Name:	Merete Husth
Manuscript Title:	Immediate versus postponed blastocyst transfer in stimulated or programmed FET cycles – a protocol
Manuscript Number (if known):	Click or tap here to enter text.

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 plar	nning of the work	
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.		
	iteiii.		

Click TAB in last row to add extra rows

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	None     Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	eddeational events		
6	Payment for expert	None     Non	
	testimony		
7	Support for attending	None     Non	
	meetings and/or travel		
8	Patents planned, issued or	None     Non	
	pending	Z None	
9	Participation on a Data	None     Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ Nama	
10	role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
<u></u>			
11	Stock or stock options	None     Non	
10	Descipt of an impossible		
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other		
	services		
	JOI VIGO3		
13	Other financial or non-	None     Non	
_	financial interests		

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Date	e: 21. marts 2025				
You	Your name: Birgitte Oxlund-Mariegaard				
	Manuscript title: Immediate versus postponed blastocyst transfer in stimulated or programmed FET cycles – a protocol				
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 and relationship/activity/interest ollowing questions apply to uscript only.  Buthor's relationships/activitys to the epidemiology of ypertensive medication, experienced and the content of the conte	ur manuscript. "Related" ay be affected by the contend 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 reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
		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 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.				
			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			
2	•				
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     Non	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	□ None ESHRE Gedeon Richter FRM dec 2024	Payment to institution Payment to institution
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Ferring April 2024	Payment to me
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     Non	

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Date	e: 17. marts 2025				
You	Your name: Nathalie Friis Wang				
	Manuscript title: Immediate versus postponed blastocyst transfer in stimulated or programmed FET cycles – a protocol				
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 and relationship/activity/interest following questions apply to ascript only.  Buthor's relationships/activities to the epidemiology of the sypertensive medication, experiences.	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 reported	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 in item #1 above).				
3	Royalties or licenses				
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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
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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