

# ICMJE DISCLOSURE FORM

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Date: 31/3 2025

Your name: Susanne Dam Poulsen

Manuscript title Vaccination ved organtransplantation i Danmark

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                             | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Time 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.)<br><br>No time limit for this item. | <input type="checkbox"/> None<br>Novo Nordisk Fonden, FSS                                    |                                                                                     |
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| Time frame: past 36 months |                                                                          |                                          |  |
| 2                          | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
|                            |                                                                          |                                          |  |
|                            |                                                                          |                                          |  |
| 3                          | Royalties or licenses                                                    | <input type="checkbox"/> None            |  |
|                            |                                                                          | Fra Munksgaard, Medicinsk Kompendium     |  |
|                            |                                                                          |                                          |  |

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

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# ICMJE DISCLOSURE FORM

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

**Date:** 26.03.2025

**Your name:** Marie Helleberg

**Manuscript title:** Vaccination ved organtransplantation i Danmark

**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 current manuscript only.

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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                    |                                                                                              |                                                                                     |
| 1                                                         | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>Time frame: past 36 months</b> |                                                                          |                                                 |             |
| 2                                 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <b>None</b>            |             |
|                                   |                                                                          | Research grant, AstraZeneca                     | Institution |
|                                   |                                                                          |                                                 |             |
| 3                                 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> <b>None</b> |             |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b> |                  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b> |                  |
|    |                                                                                                              | GSK                                             | Personal payment |
|    |                                                                                                              | AstraZeneca                                     | Personal payment |
|    |                                                                                                              | Bavarian Nordic                                 | Personal payment |
|    |                                                                                                              | Leo Pharma                                      | Personal payment |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> |                  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b>            |                  |
|    |                                                                                                              | Gilead                                          | Institution      |
|    |                                                                                                              | Advance Pharma                                  | Institution      |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b> |                  |
|    |                                                                                                              |                                                 |                  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> <b>None</b>            |                  |
|    |                                                                                                              | MSD                                             | Personal payment |
|    |                                                                                                              | GSK                                             | Personal payment |
|    |                                                                                                              | AstraZeneca                                     | Personal payment |
|    |                                                                                                              | Bavarian Nordic                                 | Personal payment |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b> |                  |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b> |                  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <b>None</b> |                  |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> <b>None</b> |                  |
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# ICMJE DISCLOSURE FORM

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**Date:** 27. marts 2025

**Your name:** Zitta Barrella Harboe

**Manuscript title:**

**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.

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| 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.)<br><br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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**Time frame: past 36 months**

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|---|--------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | ZBH received research grants from Independent Research Fund Denmark (Inge Lehmanns grant number 3162-00031B ), Helen Rudes Foundation, the Danish Cancer Society (Grant number KBVU-MS R327-A19137), Novo Nordisk Foundation (grant nr. NNF24SA0090556) and the Danish National Research Foundation (grant number DNRF170), not related to this work. ZBH is also affiliated as medical advisor to |
|---|--------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|    |                                                                                                              |                                          |                                                                                                                                                                                                                                                               |
|----|--------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                              |                                          | the Pneumococcal laboratory at Statens Serum Institut, Copenhagen, Denmark, not related to this work.                                                                                                                                                         |
| 3  | Royalties or licenses                                                                                        | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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|    |                                                                                                              |                                          |                                                                                                                                                                                                                                                               |
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
|    |                                                                                                              |                                          |                                                                                                                                                                                                                                                               |
|    |                                                                                                              |                                          |                                                                                                                                                                                                                                                               |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None            | ZBH is a member of the Danish Vaccination Council, out of this work. Also, chair of the European Society of Microbiology and Infectious Diseases Vaccine Study Group and a board member of the Danish Society of Infectious Diseases, vaccine interest group. |
|    |                                                                                                              |                                          |                                                                                                                                                                                                                                                               |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> None |                                                                                                                                                                                                                                                               |
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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.

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**Date:** 27. marts 2024

**Your name:** Carsten Schade Larsen

**Manuscript title:** Vaccination ved organtransplantation i Danmark

**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.

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| 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.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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Time frame: past 36 months

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|---|--------------------------------------------------------------------------|------------------------------------------|--|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
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| 3 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> None |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b> |                                 |
|    |                                                                                                              |                                                 |                                 |
|    |                                                                                                              |                                                 |                                 |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>            |                                 |
|    |                                                                                                              | GSK                                             | Lecture                         |
|    |                                                                                                              | Pfizer                                          | Lecture                         |
|    |                                                                                                              | Novartis                                        | Lecture                         |
|    |                                                                                                              |                                                 |                                 |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> |                                 |
|    |                                                                                                              |                                                 |                                 |
|    |                                                                                                              |                                                 |                                 |
| 7  | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b>            |                                 |
|    |                                                                                                              | CSL-Behring                                     | ESID annual meeting, Marseilles |
|    |                                                                                                              | MSD                                             | HIV Drug Therapy Glasgow        |
| 8  | Patents planned, issued or pending                                                                           | <input type="checkbox"/> <b>None</b>            |                                 |
|    |                                                                                                              |                                                 |                                 |
|    |                                                                                                              |                                                 |                                 |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> <b>None</b>            |                                 |
|    |                                                                                                              | Moderna                                         | Influenza, covid-19, RSV        |
|    |                                                                                                              | Takeda                                          | Dengue fever                    |
|    |                                                                                                              | Bavarian Nordic                                 | TBE, tyfus, rabies              |
|    |                                                                                                              | MSD                                             | Pneumokokvaccination            |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b> |                                 |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b> |                                 |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <b>None</b> |                                 |
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| 13 | Other financial or non-financial interests                                                                   | <input type="checkbox"/> <b>None</b>            |                                 |
|    |                                                                                                              | European LifeCareGroup                          | Group Medical Director          |
|    |                                                                                                              |                                                 |                                 |

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.

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# ICMJE DISCLOSURE FORM

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

**Date:** 27. marts 2025

**Your name:** Hans Henrik Lawaetz Schultz

**Manuscript title:** Vaccination ved organtransplantation i Danmark

**Manuscript number** (if known):

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| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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Time frame: past 36 months

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|---|--------------------------------------------------------------------------|------------------------------------------|--|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
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| 3 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> None |  |
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|----|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------|
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b> |         |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>            |         |
|    |                                                                                                              | Boehringer Ingelheim                            | Lecture |
|    |                                                                                                              | Takeda                                          | Lecture |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> |         |
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| 7  | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b>            |         |
|    |                                                                                                              | Boehringer Ingelheim                            | Travel  |
|    |                                                                                                              |                                                 |         |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b> |         |
|    |                                                                                                              |                                                 |         |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b> |         |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b> |         |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b> |         |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <b>None</b> |         |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> <b>None</b> |         |
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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.

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

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# ICMJE DISCLOSURE FORM

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Date: 30. marts 2025

Your name: Christina Ekenberg

Manuscript title: **Vaccination ved organtransplantation i Danmark**

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                             | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Time 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.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
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| 3 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> None |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> None |  |
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Please place an "X" next to the following statement to indicate your agreement:

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# ICMJE DISCLOSURE FORM

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

Date: 27. marts 2025

Your name: Karin Skov

Manuscript title: **Vaccination ved organtransplantation i Danmark**

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.

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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) |
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| 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.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
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| 3 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> None |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> None |  |
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Please place an "X" next to the following statement to indicate your agreement:

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# ICMJE DISCLOSURE FORM

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

**Date:** 29. marts 2025

**Your name:** Lykke Larsen

**Manuscript title:** Vaccination ved organtransplantation i Danmark

**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.

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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) |
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| 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.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
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| 3 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> None |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests                                                                   | <input type="checkbox"/> None            |  |
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**Date:** 31. marts 2025

**Your name:** Sebastian Rask Hamm

**Manuscript title:** Vaccination ved organtransplantation i Danmark

**Manuscript number** (if known):

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## Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None            |  |
|   |                                                                          | Rigshospitalets forskningspuljer         |  |
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| 3 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> None |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> None |  |
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Date: 31. marts 2025

Your name: Søren Jensen-Fangel

Manuscript title: **Vaccination ved organtransplantation i Danmark**

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                             | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Time 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.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|                                                    |                                                                                                                                                                             |                                                                                              |                                                                                     |
|                                                    |                                                                                                                                                                             |                                                                                              |                                                                                     |
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Time frame: past 36 months

|   |                                                                          |                                          |  |
|---|--------------------------------------------------------------------------|------------------------------------------|--|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
|   |                                                                          |                                          |  |
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| 3 | Royalties or licenses                                                    | <input checked="" type="checkbox"/> None |  |
|   |                                                                          |                                          |  |
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|    |                                                                                                              |                                           |  |
|----|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None  |  |
|    |                                                                                                              |                                           |  |
|    |                                                                                                              |                                           |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None             |  |
|    | 2022                                                                                                         | Presentation payed by Vertex              |  |
|    | 2024                                                                                                         | Presentation payed by GSK                 |  |
|    |                                                                                                              |                                           |  |
|    |                                                                                                              |                                           |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None  |  |
|    |                                                                                                              |                                           |  |
|    |                                                                                                              |                                           |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> None             |  |
|    | 2024                                                                                                         | Attending ESCMID Global payed by Tillotts |  |
|    |                                                                                                              |                                           |  |
|    |                                                                                                              |                                           |  |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None  |  |
|    |                                                                                                              |                                           |  |
|    |                                                                                                              |                                           |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None  |  |
|    | 2024                                                                                                         | Advisory board Takeda (Maribavir)         |  |
|    |                                                                                                              |                                           |  |
|    |                                                                                                              |                                           |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None  |  |
|    |                                                                                                              |                                           |  |
|    |                                                                                                              |                                           |  |
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|    |                                                                                                              |                                           |  |
| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None  |  |
|    |                                                                                                              |                                           |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None  |  |
|    |                                                                                                              |                                           |  |
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| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> None  |  |
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|    |                                                                                                              |                                           |  |

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

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