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**Date:** 20. april 2023

**Your name:** Thorkild Terkelsen

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

**Manuscript number (if known):** UFL-01-23-0047

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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**Date:** 2/4-2023

**Your name:** thomas Folkmann Hansen

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

**Manuscript number (if known):** UFL-01-23-0047

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**Date:** 2. april 2023

**Your name:** Morten Krogh Herlin

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

**Manuscript number (if known):** UFL-01-23-0047

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**Date:** 21. april 2023

**Your name:** Malene Djursby

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

**Manuscript number (if known):** UFL-01-23-0047

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**Date:** 1. april 2023

**Your name:** Mette Nyegaard

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

**Manuscript number (if known):** UFL-01-23-0047

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**Date:** 3. april 2023

**Your name:** Inge Søkilde Pedersen

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

**Manuscript number (if known):** UFL-01-23-0047

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Date: 4. april 2023

Your name: Dorte Lanholt Lildballe

Manuscript title: Klinisk anvendelse af polygene risikoscorer

Manuscript number (if known): UFL-01-23-0047

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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 Board member of Danish society of medical genetics      unpaid	
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**Date:** 18. april 2023

**Your name:** Søren Lejsted Færgeman

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

**Manuscript number (if known):** UFL-01-23-0047

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**Date:** 4. april 2023

**Your name:** Lone Sunde

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

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**Date:** 19. april 2023

**Your name:** Mads Engel hauberg

**Manuscript title:** Klinisk anvendelse af polygene risikoscorer

**Manuscript number (if known):** UFL-01-23-0047

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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**

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