

ICMJE DISCLOSURE FORM

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Date: 25. april 2023

Your name: Ulla Toft

Manuscript title: Klima, kost og sundhed

Manuscript number (if known):

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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)
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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Novo Nordisk Fonden	Research project. Payment was made to my institution
		Erhvervsfyrtaarn Hovedstaden, EU	Research project. Payment was made to my institution
		Trygfonden	Research project. Payment was made to my institution
		Nolfi fonden	Research project. Payment was made to my institution

3	Royalties or licenses	<input type="checkbox"/> None	
		Gyldendal	Book chapter. Payment was made to me
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	
		Syddansk Universitet	Opponent Ph.d. and review of candidates to a new post doc position
		Hjerteforeningen	Review of research applications
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 type="checkbox"/> None	
			Member of the advisory board of the research project 'Healthier choices in supermarkets', SIF, SDU
			Member of the advisory board of the research project 'Familiaraketten', CKFF
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	

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

Date: 18. april 2023

Your name: Karolina Lewandowska

Manuscript title: Klima, kost og sundhed

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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 type="checkbox"/> None	
		Board member of "Doctors for Climate"	
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: 18. april 2023

Your name: Lana Haval Mairof

Manuscript title: Klima, kost og sundhed

Manuscript number (if known):

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