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 2024	
Your name: Antonia	Hufnagel
Manuscript title:	Extracellular vesicles – small messengers with a wide range of potential applications
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 <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	ning of the work	
1	All support for the present	☐ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	Novo Nordisk Foundation (NNF18CC0034900)	Partial funding for the Novo Nordisk Foundation Center for Basic Metabolic Research, an independent research center at the University of Copenhagen.
	etc.) No time limit for this	Challenge Programme Grant from the Novo Nordisk Foundation	Funding for the Barrès lab group as an international GECKO consortium working on epigenetic causes of obesity.
	item.	(NNF18OC0033754) for the GECKO consortium	obesity.
		Internal international Postdoc programme (alias: 1204771001)	Funding for Antonia Hufnagel's Postdoc in the Barrès lab group

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).		
2	Douglties or licenses	57.51	
3	Royalties or licenses	None Non	
4	Communities for a		
4	Consulting fees	⊠ None	
5	Payment or honoraria for	None Non	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	D 16		
6	Payment for expert	None	
	testimony		
7	Support for attending	None Non	
•	meetings and/or travel	ZI NOTIC	
	3		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board	ZI NOTIC	
	or Advisory Board		
	-		
10	Leadership or fiduciary	None Non	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	uripalu		
11	Stock or stock options	None Non	
	otook of otook options	ZI NOTIC	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	⊠ None	
13	financial interests	⊠ None	
	1111011010111111010313		

Please place an "X" next to the following statement to indicate your agreement:

 \boxtimes 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.

ICMJE DISCLOSURE FORM

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

Date: 19.	. april 2024	
Your name	: Romain	BARRES
Manuscrip	t title:	Extracellular vesicles – small messengers with a wide range of potential applications
Manuscrip	t 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 <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	ning of the work	
1	All support for the present	☐ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Novo Nordisk Foundation (NNF18CC0034900)	Partial funding for the Novo Nordisk Foundation Center for Basic Metabolic Research, an independent research center at the University of Copenhagen.
	No time limit for this item.	Challenge Programme Grant from the Novo Nordisk Foundation (NNF18OC0033754) for the GECKO consortium	Funding for the Barrès lab group as an international GECKO consortium working on epigenetic causes of obesity.
			Click TAB in last row to add extra rows

None

Time frame: past 36 months

2

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses		
4	Consulting fees		
5	Payment or honoraria for	☑ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None Non	
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
Q	Datants planned issued or	Mana	
8	Patents planned, issued or pending	⊠ None	
8		⊠ None	
8	pending Participation on a Data		
	pending		
	Participation on a Data Safety Monitoring Board		
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board,		
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or		
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or		
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or		
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None None None	
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	None None None None None	
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None None None	
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	None None None None None	

Please place an "X" next to the following statement to indicate your agreement:

 \boxtimes 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.