Date	e: 19. april 2021		
You	r name: Bo Gregers Win	kel	
	nuscript title : Klinisk pektiver	opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Mar	nuscript number (if known):	
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The a perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should wen if that medication is n port for the work reported	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)
Time	e frame: Since the initial plar	nning 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	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Novo Nordisk Foundation	
3	Royalties or licenses	None Non	
J		LA INOTIC	

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 Medtronic EHRA April 2024
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

🛛 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

PI W	ease save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish edical Journal.	

Dat	e : 19. april 2021		
You	r name: Lola Qvisi	t Kristensen	
	nuscript title: Klinisk pektiver	opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Mai	nuscript number (if known):	
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	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 sup r items, the time frame for		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)
Time	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.)	⊠ None	
	No time limit for this item.		
		l	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	⊠ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,	⊠ No⊓e	
	speakers bureaus,		
	manuscript writing or		
	educational events		
_	D	.	
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
0	pending	△ None	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,	Z redite	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock antique	N N	
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	EN HOUIC	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 19. april 2021		
You	r name: John Bro-Jeppe:	sen	
	nuscript title : Klinisk pektiver	opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Mai	nuscript number (if known):	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency a relationship/activity/intere	ur manuscript. "Related" ay be affected by the control 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
The a	author's relationships/activ 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 sup r items, the time frame for	•	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)
Time	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.)	⊠ None	
	No time limit for this item.		
		1	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	⊠ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	lectures, presentations, speakers bureaus, manuscript writing or	None Novo Nordisk	Lecture honoraria
	educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	□ None	
	meetings and/or travel	Novo Nordisk	AHA, November 2023
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data	⊠ None	
	Safety Monitoring Board or Advisory Board	Zivone	
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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 26. april 2024		
You	r name: Britt Borregaard	d	
	nuscript title: Klinisk pektiver	opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Mai	nuscript number (if known):	
are ro third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency a 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. Os/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n port for the work reported	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)
Tim	e frame: Since the initial plar	nning 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
Tim	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	
5	Payment or honoraria for	None Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	■ None	
U	testimony	△ NOTIC	
	,		
7	Support for attending	⊠ None	
,	meetings and/or travel	△ NOTIC	
	•		
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		
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	■ None	
4.5			
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
Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date	e: Klik eller tryk for at angive	e en dato.	
You	r name: Ann Dorthe	Zwisler	
Mar	nuscript title: Klinis	sk opfølgning og rehab	ilitering efter overlevet hjertestop – status
Mar	nuscript number (if known		,
are re third comr list a	elated to the content of yo parties whose interests ma nitment 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	uscript only.	o the duther of elationship	os, astronos, interests as they relate to the earron.
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	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)
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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	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
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 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

Dat	t e : 27. apr	il 2024		
Υοι	ır name:	Bertil Korreborg	Pedersen	
	nuscript tit spektiver	le: Klinisk	opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Ma	nuscript nu	ımber (if known):	
are r third com list a	related to th I parties wh mitment to relationshi	ne content of yo ose interests ma transparency a p/activity/intere	ur manuscript. "Related" ay be affected by the con 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
	uscript only		o the adthor 3 relations in	bay detivities, interests as they relate to the earrent
perta antih In ite	ains to the enypertensivem #1 below	epidemiology of e medication, ev v, report all sup	hypertension, you should yen if that medication is r	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not 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)
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Tim 1	All support manuscrip provision of materials,	for the present t (e.g., funding,	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
	All support manuscrip provision o materials, article prod etc.)	t for the present t (e.g., funding, of study medical writing,	whom you have this relationship or indicate none (add rows as needed) nning of the work	Specifications/Comments (e.g., if payments were made to you or to your
	All support manuscrip provision o materials, article prod etc.)	t for the present t (e.g., funding, of study medical writing, cessing charges,	whom you have this relationship or indicate none (add rows as needed) nning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support manuscrip provision of materials, article prod etc.) No time lir item.	t for the present t (e.g., funding, of study medical writing, cessing charges, mit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	Specifications/Comments (e.g., if payments were made to you or to your
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4	Consulting fees	⊠ None	
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5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	edded:ional events		
6	Payment for expert	⊠ None	
	testimony		
	•		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
0	pending	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
ľ	or Advisory Board		
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10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	uripalu		
11	Stock or stock options	⊠ None	
		<u> </u>	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	M Nana	
13	Other financial or non- financial interests	⊠ None	
	illianciai iliterests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 19. april 2021		
You	r name: Christina Kruus	e	
	nuscript title : Klinisk pektiver	opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Mai	nuscript number (if known):	
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n 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 plar		
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
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses	⊠ None	

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 Non	
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 Cha	ir Resuscitation Council (unpaid)
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



Dat	e: 26. april 2024		
You	Ir name: Mette Wagner		
	nuscript title: Klinisk spektiver	opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Mai	nuscript number (if known):	
are r third comr list a	elated to the content of your parties whose interests maitment to transparency a relationship/activity/inter	our 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ains 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.
	em #1 below, report all sup r items, the time frame for		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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
	No time limit for this item.		
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7im	Grants or contracts from any entity (if not indicated in item #1 above).	None	
	Grants or contracts from any entity (if not indicated		

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	
	testimony	Z None	
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	<u>-</u>		
10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
	·		
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other		
	writing, girts or other services		
4.5			
13	Other financial or non- financial interests	None Non	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 29. april 2021		
You	ır name: Lars Evald		
	nuscript title: Klinisk spektiver	opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Mai	nuscript number (if known):	
are re third comr list a	elated to the content of yo parties whose interests m mitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the content of 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 cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
manı	uscript only.		
perta antih In ite	nins to the epidemiology of typertensive medication, e	hypertension, you should ven if that medication is n port for the work reported	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	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution)
		needed)	
Time	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.)		
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Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
۷	any entity (if not indicated	□ NUILE	
	in item #1 above).		
2	Douglting or linears		
3	Royalties or licenses	None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Daymont for expert	Na.	
ь	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
0	pending	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
10	role in other board,	⊠ None	
	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-	M None	
13	financial interests	⊠ None	

 ${f f Z}$ 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

V-	te: 19. april 2021		
101	ur name: Lone Due Veste	ergård	
	i nuscript title: Klinisk spektiver	c opfølgning og rehabilitering	efter overlevet hjertestop – status og fremtidige
Ma	nuscript number (if knowr	n):	
are i third com	related to the content of your last to the your last to the content of your last to the your	our manuscript. "Related" hay be affected by the con 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.
	following questions apply tuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
pert	ains to the epidemiology o	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of mentioned in the manuscript.
	em #1 below, report all sup r items, the time frame for	-	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	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim 1	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
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	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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4	Consulting fees	⊠ None
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5	Payment or honoraria for	⊠ None
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
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6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	Z None
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
	ипраки	
11	Stock or stock options	⊠ None
	· ·	
12	Description of the second	
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non- financial interests	⊠ None

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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