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	e: 10. april 2025		
You	ır name: Kirsten Pilegaard		
Ma	nuscript title: Bivirkninger	fra kosttilskud	
Ma	nuscript number (if known):	
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	following questions apply to uscript only.	o the author's relationshi _l	os/activities/interests as they relate to the <u>current</u>
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4	Consulting fees	None	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	Cadational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
,	meetings and/or travel	△ NOTIC	
	J. J		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	□ None	
	Safety Monitoring Board	Member of EFSA	Payment from my memberships in this Working
	or Advisory Board	(European Food Safety	group goes to DTU Fødevareinstituttet.
		Authority) Working	
		Group on: "Substances other than	
		vitamins and minerals	
		(Art.8(2) of Regulation	
		(EC) No	
		1925/2006)"	
		Member of EFSA	Payment from my memberships in this working
		Working Group on: "Traditional foods"	group goes to DTU Fødevareinstituttet.
		Member of EFSA "Novel	Payment from my memberships in this task force
		Foods Task Force on	goes to DTU Fødevareinstituttet.
		Plants"	3
		Member of EFSA	
		Working Group on:	
		"Compendium of Botanicals"	
		Active member in a	Payment from my membership in this activity goes
		tailor-made activity of	to DTU Fødevareinstituttet.
		EFSA focal points: "The	
		European Food	
		Supplement Project" on	
		"Establishment a Community of	
		Knowledge on Food	
		Supplements".	
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10	Leadership or fiduciary role in other board,		I
	society, committee or		
	advocacy group, paid or		
	unpaid		
			I .
11	Stock or stock options	None	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	None	

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Date	e: 10. april 2025		
	r name: Gitte Ravn-Hare	en	
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	nuscript number (if known	-	
In the are rethird committee the formal terms of the formal terms	e interest of transparency, elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	we ask you to disclose all 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. Des/activities/interests as they relate to the current
perta antih In ite	ins 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. If in this manuscript without time limit. For all nonths.
		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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	item.		
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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 Non	
8	Patents planned, issued or pending	None Non	
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 Member of the DanThyr (the Danish investigation on iodine intake and thyroid disease) steering group	unfinanced
11	Stock or stock options	None Non	
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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You	Ir name: Lea Bredsdorff		
Ma	nuscript title: Bivirkn	inger fra kosttilskud	
Ma	nuscript number (if known):	
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ome	ritems, the time traine for	disclosure is the past 30 i	HOHUIS.
		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 2	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. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Ining of the work None	(e.g., if payments were made to you or to your institution)
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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		
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	Active member in a	Payment from my membership in this activity goes
	or Advisory Board	tailor-made activity of	to DTU Fødevareinstituttet.
		EFSA focal points: "The	
		European Food Supplement Project" on	
		"Establishment a	
		Community of	
		Knowledge on Food	
		Supplements".	
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
11	Stock of Stock options		
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12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
10	Other flagrands land	52 N	
13	Other financial or non- financial interests		
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