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Date	e: 22. APRIL 2025		
You	r name: Sie Kronborg Fe	ensman (SKF)	
Mai	nuscript title: Fra ten	apeutisk nihilisme til kurativ	behandling? - Transthyretin Amyloid Kardiomyopati -
	nuscript number (if known		
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<u>manı</u>	uscript only.		
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 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	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(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	☑ None	
	manuscript (e.g., funding, provision of study		
	materials, medical writing, article processing charges,		
	etc.)		
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	item.		
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Him	e frame: past 36 months		
2	Grants or contracts from	☐ None	
	any entity (if not indicated in item #1 above).	Novo Nordisk A/S	Novo Nordisk A/S has granted 3,700,000 DKK to a scientific collaboration between Aarhus University Hospital and Novo Nordisk A/S. SHP is responsible, SKF is PhD student on this project.
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
_	D	5 7 ••	L
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None	
	manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending	☐ None	
,	meetings and/or travel	Pfizer	Support to attend Nordic ATTRise Meeting 2023 and
			2024
		Helga og Peter Kornings fond	Support to attend Geilo Meeting 2025
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary	⊠ None	
	role in other board,	M None	
	society, committee or		
	advocacy group, paid or unpaid		
11			
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	<u> </u>
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	⊠ None	
	manda merests		

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Dat You	e: 21-apr-2025 Ir name: Ali Hussein Jabe	er Meiren	
			behandling? - Transthyretin Amyloid Kardiomyopati -
	·	·	benandling? - Transtnyretin Amyloid Kardiomyopati -
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perta antih In ite	ains to the epidemiology of hypertensive 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)
Tim	e frame: Since the initial plan	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
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-	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
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-	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
-	All support for the present manuscript (e.g., funding, provision of study	whom you have this relationship or indicate none (add rows as needed) nning of the work	(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.)	whom you have this relationship or indicate none (add rows as needed) nning of the work	(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) nning of the work	(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.)	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
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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 item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) ning of the work None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows
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4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,	Z None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠ Nana	
0	testimony	⊠ None	
	cestimony		
7	Support for attending	☐ None	
	meetings and/or travel	Pfizer	Support to attend Nordic ATTRise Meeting 2023 and 2024
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary	☑ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
		Za reone	
12	Descint of accimpant		
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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Dat	e: 20 APR 2025		
You	r name: Tor Skibsted Cle	emmensen	
Ma	nuscript title: Fra ter	apeutisk nihilisme til kurativ	behandling? - Transthyretin Amyloid Kardiomyopati -
Ma	nuscript number (if known):	
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	following questions apply to 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)
Tim	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.)	⊠ None	
	No time limit for this item.		
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Tim	e frame: past 36 months		
2	Grants or contracts from	⊠ None	

any entity (if not indicated

⊠ None

in item #1 above).

Royalties or licenses

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert	⊠ None	
	testimony		
-	C 15 !!	-	
7	Support for attending	□ None	
	meetings and/or travel	Pfizer	Educational grant
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
)	Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary	None	
	role in other board, 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- financial interests	⊠ None	
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Dat	e: 22. APR 2025		
You	r name: Steen Hvitfeldt	Poulsen (SHP)	
Mai	nuscript title: Fra ter	apeutisk nihilisme til kurativ	behandling? - Transthyretin Amyloid Kardiomyopati -
Mai	nuscript number (if known):	
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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	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	needed) ning of the work	
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	needed) ning of the work	
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Time	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.	needed) ning of the work None	Click TAB in last row to add extra rows Novo Nordisk A/S has granted 3,700,000 DKK to a scientific collaboration between Aarhus University Hospital and Novo Nordisk A/S. SHP is responsible,
Time	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	needed) ning of the work None	Click TAB in last row to add extra rows Novo Nordisk A/S has granted 3,700,000 DKK to a scientific collaboration between Aarhus University

	Consulting food		
4	Consulting fees	□ None	
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus,	Pfizer	Consulting meeting and presentation
	manuscript writing or		
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О	Payment for expert testimony	⊠ None	
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7	Support for attending meetings and/or travel	None	C
	incettings and/or traver	Pfizer	Support to attend Nordic ATTRise Meeting 2023 and 2024
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	Data at a planta di i a considera	N	
8	Patents planned, issued or pending	⊠ None	
	penamg		
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9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board	Astra Zenica	Advisory board meeting (once)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	None	
	unpaid		
11	Stock or stock antions	M None	
11	Stock or stock options	⊠ None	
42		53	
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other		
	services		
12	Other financial or non	M None	
13	Other financial or non- financial interests	⊠ None	

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