ICMJE DISCLOSURE FORM

Dat	e: 12. maj 2023							
Your name: John Brodersen								
Mai	nuscript title: Klimaa	ftryk af overdiagnostik						
Mai	Manuscript number (if known):							
are re third comr list a The f	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. Des/activities/interests as they relate to the current					
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		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	nning 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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2	Crants or contracts from	None Non						
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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	PLO-E	
6	Payment for expert testimony	None Non	
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 Non	
		Z None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	
10		□ None	
11	Stock or stock options	⊠ None	
11	Stock of Stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	None Non	

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

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Date	e : 12. maj 2023		
	r name: Alexandra Ryboi	ra Jønsson	
		ftryk af overdiagnostik	
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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 suppritems, the time frame for	•	d in this manuscript without time limit. For all months.
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