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

Date: 19. maj	2023				
Your name:	Oliver Beierholm Sørensen				
Manuscript title	Manuscript title: Livreddere i Danmark: en potentielt vigtig resource for de præhospitale beredskaber				
Manuscript number (if known):					
	transparency, we ask you to disclose all relationships/activities/interests listed below that content of your manuscript. "Related" means any relation with for-profit or not-for-profit				

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</u> <u>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	nning 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.		

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months			
2	Grants or contracts from	⊠ None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	⊠ None		

4	Consulting fees	⊠ None		
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus, manuscript writing or	TrygFonden Kystlivredning	Worked as an instructor/first aid coordinator for TrygFonden Kystlivredning; part of this work included lectures and education of lifeguards.	
	educational events	The Danish Resuscitation Council	Work as an instructor trainer for The Danish Resuscitation Council in the course "Lifeguard First Aid instructor course"	
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending meetings and/or travel	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or	☑ None		
	pending			
	Participation on a Data	I NI au a		
9		☑ None		
9	Safety Monitoring Board	⊠ None		
9		⊠ None		
9	Safety Monitoring Board or Advisory Board Leadership or fiduciary	□ None		
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or		An unpaid/ voluntary member of the board/group who plans lifesaving as a sport in Denmark. Ex.	
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	□ None Danish Swimming		
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	□ None Danish Swimming federation – Lifesaving	who plans lifesaving as a sport in Denmark. Ex.	
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	□ None Danish Swimming federation – Lifesaving	who plans lifesaving as a sport in Denmark. Ex.	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Danish Swimming federation – Lifesaving board (Sport)	who plans lifesaving as a sport in Denmark. Ex.	
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	□ None Danish Swimming federation – Lifesaving	who plans lifesaving as a sport in Denmark. Ex.	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Danish Swimming federation – Lifesaving board (Sport)	who plans lifesaving as a sport in Denmark. Ex.	
10	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 Danish Swimming federation – Lifesaving board (Sport) ■ None	who plans lifesaving as a sport in Denmark. Ex.	
10	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 Danish Swimming federation – Lifesaving board (Sport)	who plans lifesaving as a sport in Denmark. Ex.	
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11 12	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 Danish Swimming federation – Lifesaving board (Sport) ■ None None	who plans lifesaving as a sport in Denmark. Ex. planning of Danish championships in lifesaving Working as a surf lifesaver in TrygFonden	
11 12	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 Other financial or non-	□ None Danish Swimming federation – Lifesaving board (Sport) ■ None None None	who plans lifesaving as a sport in Denmark. Ex. planning of Danish championships in lifesaving	

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Date	e: 19. maj 2023		
You	r name: Kasper Bitzer		
Mai	nuscript title: Livredo	dere i Danmark: en potentiel	t vigtig resource for de præhospitale beredskaber
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 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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Dis/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. 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,	⊠ None	
	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this		
	item.		
ı I			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None		
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus, manuscript writing or	Livredder Førstehjælp instruktør	Dansk Råd for Genoplivning	
	educational events			
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or	⊠ None		
	pending			
9	Participation on a Data Safety Monitoring Board	⊠ None		
	or Advisory Board			
10	Leadership or fiduciary 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			
4 =				
13	Other financial or non- financial interests	None		
		Surf lifeguard	TrygFonden Kystlivredning	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 20. maj 2023		
You	r name: Søren Mikkelser	1	
Mar	nuscript title: Livredo	dere i Danmark: en potentiel	t vigtig resource for de præhospitale beredskaber
Mar	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 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. Os/activities/interests as they relate to the current
perta antih In ite	nins 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.
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	No time limit for this item.		
		<u>I</u>	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 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 None
13	Other financial or non- financial interests	⊠ None

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

Date : 19. maj 2023				
Your name: Helle	Collatz Christensen			
Manuscript title: Livreddere i Danmark: en potentielt vigtig resource for de præhospitale beredskaber				
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</u> <u>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.

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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	
	No time limit for this item.		

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Tim	Time frame: past 36 months		
2	Grants or contracts from	☑ None	
	any entity (if not indicated		
	in item #1 above).		
3 Royalties or licenses ⊠ None		⊠ None	

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				
7	Support for attending	⊠ None			
	meetings and/or travel	Li itolic			
8	Detents planned issued or MAI				
0	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			

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Dat	e : 19. maj 2023		
You	r name: Niklas Breindahl		
Ma	nuscript title: Livredo	dere i Danmark: en potentiel	t vigtig resource for de præhospitale beredskaber
	nuscript number (if known	<u></u>	3.3
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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 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	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 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
Tim 1	e frame: Since the initial plan All support for the present	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,	whom you have this relationship or indicate none (add rows as needed) ning 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) ning 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,	whom you have this relationship or indicate none (add rows as needed) ning 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,	whom you have this relationship or indicate none (add rows as needed) ning 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,	whom you have this relationship or indicate none (add rows as needed) ning 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,	whom you have this relationship or indicate none (add rows as needed) ning 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) ning 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) ning of the work	(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 item.	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)
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) ning of the work	(e.g., if payments were made to you or to your institution)
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.	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)
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 any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Ining of the work None None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Støtte til andet forskningsprojekt
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) Ining of the work None None TrygFonden Chiesi Pharma	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Støtte til andet forskningsprojekt Støtte til andet forskningsprojekt
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4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Læge	TrygFonden Kystlivredning	
		3	,	
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	⊠ None		
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	□ None		
	role in other board, society, committee or advocacy group, paid or unpaid	Medlem	International Life Saving Federation Medical Committee	
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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