Dat	e : 26. maj 2023		
You	r name: Anne Holm		
Mai	nuscript title: Multisy	gdom - definition og afgræi	nsning
Mai	nuscript number (if known		
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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 plar	•	
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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/	Grants or contracts from		
2	Grants or contracts from any entity (if not indicated	None	
2		A None	
	any entity (if not indicated in item #1 above).		
3	any entity (if not indicated	None ✓ None	

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
13	Other financial or non-financial interests	⊠ None

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Dat	e : 26. maj 2023		
	Ir name: Susanne Revent	How	
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		ygdom - definition og afgra	ensimig
IVIai	nuscript number (if known):	
are ro third comr list a The f	elated to the content of yo parties whose interests ma mitment 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
The a perta antih In ite	author's relationships/activalent to the epidemiology of hypertensive medication, evaluation, evaluati	hypertension, you should yen if that medication is no 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	ning 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.		
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Tim	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses		

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non	
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		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	On behalf of The Department of Public Health, University of Copenhagen, I am a member of the steering committee for the Steno Diabetes Center in Region Zealand, without receiving any financial compensation.
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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Date: 22. maj 2023			
Your name: Anders Prior			
Manuscript title: Multisygdom - definition og afgrænsning			
Manuscript number (if known): Temanr Multisygdom og Polyfarmaci			

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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 plar	ning of the work	
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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 Non			

4	Consulting fees	None Non	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or		
	pending	Z None	
	porturing		
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9	Participation on a Data Safety Monitoring Board	None Non	
	or Advisory Board		
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10	Leadership or fiduciary	None	
	role in other board, society, committee or advocacy group, paid or unpaid		
	'		
11	Stock or stock options	None Non	
12	Receipt of equipment,	☑ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests		

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Date: 15. maj, 2023		
Your name: Tora Grauers Willadsen		
Manuscript title: Multisygdom – definition og afgrænsning		
Manuscript number (if known): Temanummer Multisygdom og Polyfarmaci		

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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	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.		

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

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
13	Other financial or non-financial interests	⊠ None

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Date: 18. februar 2021			
Your name: Jette Kolding Kristensen			
Manuscript title: Multisygdom – definition og afgrænsning			
Manuscript number (if known): Temanummer Multisygdom og Polyfarmaci			

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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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		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	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	
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Time 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 U	Inderviser I regi af PLO efteruddannelse
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None Non	
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		Medlem af Medicinerrådet udpeget af DSAM ormand for DDID, RKKP udpeget af DSAM
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 : 30. maj 2023		
	r name: Frans Boch Wald	dorff	
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IVIai	nuscript number (if known): Temanummer Multisygdor	n og Polyfarmaci
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. ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no 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	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 Non	
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	Novo Nordisk Fonden, Veluxfonden
3	Royalties or licenses	⊠ None	
3 Royalties or licenses			

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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