Dat	e : 25. maj 2023		
You	r name: Dea Kejlberg Ar	ndelius	
Ma	nuscript title: KOL og polyfal	rmaci i almen praksis: Er fysi	sk aktivitet via social prescribing en del af løsningen?
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.
	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 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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-	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
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4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
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О	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
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8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	☑ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
10	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		
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13	Other financial or non-	⊠ None	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

	e: 25. maj 2023		
You	r name: Nanna Holt Jess	sen	
Mai	nuscript title: KOL og polyfal	rmaci i almen praksis: Er fysi.	sk aktivitet via social prescribing en del af løsningen?
Mai	nuscript number (if known):	
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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>
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	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
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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
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

	e : 25. maj 2023		
You	r name: Rasmus Østerga	aard Nielsen	
Mai	nuscript title: KOL og polyfal	rmaci i almen praksis: Er fysi	sk aktivitet via social prescribing en del af løsningen?
Mai	nuscript number (if known):	
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	m #1 below, report all sup r items, the time frame for	•	d in this manuscript without time limit. For all months.
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4	Consulting fees	⊠ None
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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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 30. maj 2023				
You	ır name: Anders Løkke				
Mai	nuscript title: KOL og polyfa	armaci i almen praksis: Er fysi	isk aktivitet via social prescribing en del af løsningen?		
Mai	Manuscript number (if known):				
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	All support for the present	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,	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, article processing charges,	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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Time 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. e frame: past 36 months 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) Inning of the work None	(e.g., if payments were made to you or to your institution)		
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4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Z None	
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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	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
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13	Other financial or non-	⊠ None	
	financial interests		

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Dat	e : 25. maj 2023		
You	r name: Julie Sandell Jac	cobsen	
Maı	nuscript title: KOL og polyfal	rmaci i almen praksis: Er fysi	sk aktivitet via social prescribing en del af løsningen?
Mai	nuscript number (if known):	
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The aperta	author's relationships/activ lins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported disclosure is the past 36 r	
		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	-	
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.		
			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	

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
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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