Date	9 : 13. maj 2024		
	r name: Katrine Fjællega	aard	
			et udredning og behandling
	nuscript number (if known		t darearing og benandning
IVIAI	iuscript number (ii known).	
are re third comn	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	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.
	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 sup 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)
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.)	⊠ None	
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	item.		OU L TARL L
			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	⊠ None
	educational events	
	D 16	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or	None Non
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	of Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
11	Charle or shoot!	57.11
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical writing, gifts or other	
	services	
4.5		
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 13. maj 2024		
You	Ir name: Merete Christensen		
Ma	nuscript title: Moderne udre	dning og behandling af pleur	ainfektion
Ma	nuscript number (if known):	
are r third comi list a	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	
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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		
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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			Click TAB in last row to add extra rows
lım	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
2		N	
3	Royalties or licenses	None Non	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None
	educational events	
	D 16	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or	None Non
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	of Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
11	Charle or shoot!	57.11
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical writing, gifts or other	
	services	
4.5		
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 11. maj 2024		
You	I r name : Nasir Mohammad M	uhammad Begum	
Ma	nuscript title: Moderne udre	dning og behandling af pleur	rainfektion
Ma	nuscript number (if known)):	
are r third comi list a	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	
	ollowing questions apply to <u>uscript only</u> .	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of ypertensive medication, ex	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		
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.		
			L Click TAB in last row to add extra rows
Tim	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	
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4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None
	educational events	
	D 16	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or	None Non
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	of Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
11	Charle or shoot!	57.11
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical writing, gifts or other	
	services	
4.5		
13	Other financial or non- financial interests	⊠ None

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Dat	e : 13. maj 2024		
You	ır name: Uffe Bødtger		
Mai	nuscript title: Pleu	rainfektion: opdatere	et udredning og behandling
Mai	nuscript number (if knowr	n):	
are re third comr list a	elated to the content of your parties whose interests maitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the con- 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.
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perta antih In ite	ains to the epidemiology of hypertensive medication, e	f hypertension, you should ven 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.
	I	I a	
		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 pla	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.		
			L Click TAB in last row to add extra rows
Time	e frame: past 36 months		
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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 lectures, presentations, speakers bureaus, manuscript writing or	⊠ None
	educational events	
	D 16	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or	None Non
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	of Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
11	Charle or shoot!	57.11
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical writing, gifts or other	
	services	
4.5		
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date:	5/8/2024
Your Name:	Christian B. Laursen
Manuscript Title:	Moderne udredning og behandling af pleurainfektion
Manuscript Number (if known):	NA

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 author's relationships/activities/interests should be defined broadly. 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)	
	Time frame: Since the initial planning 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 item.	None	Click the tab key to add additional rows.	
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	1, -	Royalties as author of bookchapters / book editor	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None AstraZeneca A/S Chiesi Pharma AB GlaxoSmithKline Pharma A/S	Payment for lectures at educational events / symposia / courses organised by AstraZeneca Payment for lectures at educational events / symposia / courses organised by Chiesi Payment for lectures at educational events / symposia / courses organised by GSK
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	

		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)
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	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

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

Dat	e : 13. maj 2024		
Your name: Bakir Nabil			
Mai	nuscript title: Moderne udre	dning og behandling af pleur	rainfektion
Mai	nuscript number (if known):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	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.
	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.
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 plan	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	
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Tim	e frame: past 36 months		

Grants or contracts from

in item #1 above).

Royalties or licenses

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
	D 16	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or	None Non
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	of Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or advocacy group, paid or unpaid	
11	Charle or shoot!	57.11
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
4.5		
13	Other financial or non- financial interests	⊠ None

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Dat	e : 13. maj 2024		
You	r name : Christian Meyer		
Mai	nuscript title: Pleur	rainfektion: opdatere	et udredning og behandling
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. ps/activities/interests as they relate to the current
The a perta antih In ite	author's relationships/activ nins 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)
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		
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
	D 16	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or	None Non
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9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	of Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or advocacy group, paid or unpaid	
11	Charle or shoot!	57.11
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
4.5		
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 13. maj 2024		
You	r name: Karin Armbruste	er	
Mar	nuscript title: Pleur	ainfektion: opdatere	et udredning og behandling
Mar	nuscript number (if known):	
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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
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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.)	⊠ None	
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	itom.		Click TAB in last row to add extra rows
Tipa	e frame: past 36 months		Click TAD III last fow to add extra fows
111116	e frame. past 50 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
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
	D 16	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or	None Non
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	of Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or advocacy group, paid or unpaid	
11	Charle or shoot!	57.11
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
4.5		
13	Other financial or non- financial interests	⊠ None

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