Date	e : 12. maj 2024		
	r name: Erik Lerkevang	Grove	
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	·	agulationsbehandling til sær	пде рапентроринаціонен
IVIar	nuscript number (if known):	
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no 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)
Time	e frame: Since the initial plan	ning of the work	
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1	All support for the present	Ining of the work ☑ None	
	All support for the present manuscript (e.g., funding,		
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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		Click TAB in last row to add extra rows
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Time	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 □ None	
Time	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	None None	Click TAB in last row to add extra rows Unrestricted research grant Investigator in clinical studies sponsored by these
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	None None None Boehringer Ingelheim	Unrestricted research grant
Time	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 in item #1 above).	None None Boehringer Ingelheim AstraZeneca, Idorsia and Bayer	Unrestricted research grant Investigator in clinical studies sponsored by these
Time	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	None None None Boehringer Ingelheim AstraZeneca, Idorsia and	Unrestricted research grant Investigator in clinical studies sponsored by these

4 Consulting fees			
		Bayer & Bristol Myers- Squibb	Consultancy fees for organizing & chairing educational symposia
5	Dayment or honoraria for	□ None	
5	Payment or honoraria for lectures, presentations,	□ None	Lecture fees
	speakers bureaus,	AstraZeneca, Bayer, Pfizer, and Bristol-Myers	Lecture rees
	manuscript writing or	Squibb.	
	educational events	'	
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
,	meetings and/or travel	AstraZeneca & Bayer	ESC Congress
	3	Notification & Bayon	Eso congress
8	Datanta plannad laguad	. Name	,
8	Patents planned, issued or pending	None	I
	portaining		
9	Participation on a Data	□ None	
	Safety Monitoring Board or Advisory Board	Lundbeck Pharma	DSMB member for studies investigating new treatments for migraine
		AstraZeneca, Bristol-	Ad hoc advisory board meetings
		Myers Squibb, Bayer,	
		Novo Nordisk, Pfizer	
10	Leadership or fiduciary	□ None	
	role in other board,	Chair of the Danish	Unpaid
	society, committee or advocacy group, paid or	Society of Thrombosis & Haemostasis	
	unpaid	Nucleus member of WG	Unpaid
		on Cardiovascular	
		Pharmacotherapy (European Society of	
		Thrombosis and	
		Haemostasis)	
		Past Nucleus member of	Unpaid
		WG Thrombosis (European Society of	
		Cardiology)	
11	Stock or stock options	1	
	Stock of Stock options	None Non	
10	Descript of agricument	None (
12	Receipt of equipment, materials, drugs, medical	None Non	
	writing, gifts or other		
	services		
12		None .	
13		None	

Other financial or non-	
financial interests	

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Date	e : 23. april 2024		
	r name: Gro Egholm		
		agulationsbehandling til særl	igo notionthonulationer
	nuscript number (if known)		ige patientpopulationel
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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 ent 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	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript I 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 nonths.
		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	
	No time limit for this 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	None	
	in item #1 above).		
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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Dat	e : 21. maj 2024		
You	Ir name: Eva Leinøe		
Mai	nuscript title: Antikoa	agulationsbehandling til særl	ige patientpopulationer
Mai	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. Disclosivities/interests as they relate to the current
perta antih In ite	ains to the epidemiology of hypertensive 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		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	None	
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4	Consulting fees	None ■ None Non
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None 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 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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Dat	e: 15. maj 2024		
You	ır name: Maja Hellfritzsch	n Poulsen	
Ma	nuscript title: Antikoa	agulationsbehandling til særl	ige patientpopulationer
Ma	nuscript number (if known):	
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	uscript only.		os, activities, interests as they relate to the <u>ourrent</u>
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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) nning of the work	(e.g., if payments were made to you or to your institution)
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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) nning of the work	(e.g., if payments were made to you or to your institution)
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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) nning 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) uning of the work	(e.g., if payments were made to you or to your institution)
1 Tim 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. 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) nning of the work None	(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) uning of the work	(e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Bayer	Foredrag
	speakers bureaus, manuscript writing or	BMS-Pfizer	Foredrag
	educational events		
	eddedional events		
6	Payment for expert	⊠ None	
	testimony		
7	Company for attanding	N	
/	Support for attending meetings and/or travel	⊠ None	T.
	meetings and/or traver		
8	Patents planned, issued or	☑ None	
	pending		
9	Participation on a Data	M Name	
9	Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	unpaiu		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services	_	
12	Other financial or non-	Name -	
13	financial interests	⊠ None	I
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Date	e: 23. april 2024		
You	r name: Jens Steen Oles	en	
Mar	nuscript title: Antikoa	agulationsbehandling til sær	lige patientpopulationer
Mar	nuscript number (if known)):	
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
Time	e frame: Since the initial plan	needed)	
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	· .	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	needed) ning of the work	
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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. e frame: past 36 months	needed) ning of the work	Click TAB in last row to add extra rows
Time	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.	needed) ning of the work None	Click TAB in last row to add extra rows
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. Grants or contracts from any entity (if not indicated in item #1 above).	needed) ning of the work None	Click TAB in last row to add extra rows
Time	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	needed) ning of the work None	Click TAB in last row to add extra rows

4	Consulting fees	None ■ None Non
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None 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 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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Date: 10. maj 2024
Your name: Jørn Dalsgaard Nielsen
Manuscript title: Antikoagulationsbehandling til særlige patientpopulationer
Manuscript number (if known):
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that

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.

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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	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.)	x None			
	No time limit for this item.				

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

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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