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

Date:

Your name:

12.03.2025

Sanne Emtekjær

		•	uos Glucose Monitoring to a standardized insu-
	rotocol following total panuscript number (if known)		
	idseripe framiser (ii known)	•	
	following questions apply touscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
the		on, you should declare al	defined broadly. For example, if your manuscript pertains I relationships with manufacturers of antihypertensive menanuscript.
	em #1 below, report all sup time frame for disclosure is		ed in this manuscript without time limit. For all other items
		Name all entities with whom you have this rela- tionship 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 plan		
1		☑ None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article pro-		
	cessing charges, etc.)		
	No time limit for this item.		
			Click TAB in last row to add extra row
2	Grants or contracts from any	['] ⊠ None	
	entity (if not indicated in item #1 above).		
	item #1 abovej.		
3	Royalties or licenses	☒ None	
	,		
	•		
4	Consulting fees	☒ None	
1			

5		☑ None
	lectures, presentations, speakers bureaus, manu- script writing or educational	
	events	
6	Payment for expert testi-	☑ None
	mony	
7	Support for attending meet-	⊠ None
	ings and/or travel	
	Patents planned, issued or	☑ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or	LA NOTICE
	Advisory Board	
10		☑ None
	in other board, society, com-	
	mittee or advocacy group, paid or unpaid	
	para or ampara	
11	Stock or stock options	☑ None
12	Receipt of equipment, mate-	⊠ None
	rials, drugs, medical writing,	
	gifts or other services	
	Other financial or non-finan-	☑ None
	cial interests	
		·

Please place an "X" next to the following statement to indicate your agreement:

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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

Effects of adding Continuos Glucose Monitoring to a standardized insu-

9.4.2025

Carsten Palnæs Hansen

Date: Your name:

Manuscript title:

	rotocol following total panuscript number (if known)			
	· · · · · · · · ·			
	following questions apply touscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
the		ion, you should declare al	defined broadly. For example, if your manuscript per I relationships with manufacturers of antihypertensiv nanuscript.	
	em #1 below, report all sup time frame for disclosure is		ed in this manuscript without time limit. For all other	items,
		Name all entities with whom you have this rela- tionship 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		
1	All support for the present manuscript (e.g., funding,	X None		
	provision of study materials,			
	medical writing, article processing charges, etc.)			
	No time limit for this item.			
			Click TAB in last row to add ext	tra rows
	T.			
2	Grants or contracts from any entity (if not indicated in	/ X None	_	
	item #1 above).			
3	Royalties or licenses	X None		
	The year tree or moonses	A NOTIC		
4	Consulting fees	X None		

	lectures, presentations,	X None	
	speakers bureaus, manu- script writing or educational		
	events		
6	Payment for expert testi-	X None	
	mony		
	Support for attending meet-	X None	
	ings and/or travel		
		X None	
	pending		
9		X None	
	Safety Monitoring Board or Advisory Board		
	, arisery bear a		
		X None	
	in other board, society, com- mittee or advocacy group,		
	paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, mate-	X None	
	rials, drugs, medical writing, gifts or other services		
	Other financial or non-finan-	X None	
	cial interests		

Please place an "X" next to the following statement to indicate your agreement:

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: Klik eller tryk for a	at angive en dato.		
You	r name: Elisabeth R M	Mathiesen		
	-	_	uos Glucose Monitoring to a standardized insu-	
	protocol following total p			
iviar	nuscript number (if known):		
	9	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>	
mar	nuscript only.			
the		sion, you should declare al	defined broadly. For example, if your manuscript pertal relationships with manufacturers of antihypertensive nanuscript.	
	em #1 below, report all su time frame for disclosure i		ed in this manuscript without time limit. For all other	items,
		Name all entities with whom you have this rela- tionship 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 plar	1.		
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.			
			Click TAB in last row to add ext	tro row
			Click TAD III last fow to add ext	.iaiow.
2	Grants or contracts from an	y □x Non e		
	entity (if not indicated in item #1 above).			
	item#1 above).			
3	Royalties or licenses	□x None		
4	O-paulting 5	les	1	
4	Consulting fees	□ None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	□x None	
	events		
6	Payment for expert testi- mony	x□ None	
7	Support for attending meet-	v□ None	
,	ings and/or travel	x Notice	
8	Patents planned, issued or 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, com- mittee 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	
13	Other financial or non-financial interests	x□ None	
Plea	se place an "X" next to the	following statement to indicate your agreemen	t:
	I certify that I have answe	red every question and have not altered the wo	rding of any of the questions on
Plea	_	Læger & Danish Medical Journal in form as PDF before submitting it to Ugesk	rift for Læger or Danish Medical

Date	2:23-04-2025			
Your	name: Jan Henrik	Storkholm		
			uos Glucose Monitoring to a standardized insu-	
	rotocol following total pa			
Man	uscript number (if known)	:		
	following questions apply t uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
the e		ion, you should declare al	defined broadly. For example, if your manuscript per lationships with manufacturers of antihypertensive nanuscript.	
	em #1 below, report all sup ime frame for disclosure is		ed in this manuscript without time limit. For all other	items,
		Name all entities with whom you have this rela- tionship 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 plan	ning of the work		
1	All support for the present	X□ None		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article pro-			
	cessing charges, etc.)			
	No time limit for this item.			
	No time limit for this item.			
			Click TAB in last row to add ext	tra rows
2	Grants or contracts from any	∕ X□ None		
	entity (if not indicated in			
	item #1 above).			
0	lo 111 11	h.—		
3	Royalties or licenses	X□ None		
4	Consulting fees	X□ None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testi- mony	X None	
7	Support for attending meetings and/or travel	X□ None	
8	Patents planned, issued or 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, com- mittee 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	
13	Other financial or non-financial interests	X□ None	
Plea	se place an "X" next to the	e following statement to indicate your agreement:	
	l I certify that I have answe form.	ered every question and have not altered the wording of any of the qu	uestions on
	se save/export the filled	Læger & Danish Medical Journal in form as PDF before submitting it to Ugeskrift for Læger or Da	nish Medical

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

February 13th 2025

Date:

You	r name : Lene Ringh	nolm		
Mar	nuscript title: I	Effects of adding Contin	uous Glucose Monitoring to a standardized in-	
	n protocol following tota	•		
Mar	nuscript number (if known)):		
			_	
	following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
the		sion, you should declare al	defined broadly. For example, if your manuscript pertain I relationships with manufacturers of antihypertensive n nanuscript.	
	em #1 below, report all sup time frame for disclosure is		ed in this manuscript without time limit. For all other ite	ems,
		Name all entities with whom you have this rela- tionship 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	□X None		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article pro-			
	cessing charges, etc.)			
	Nie Post Post Condition			
	No time limit for this item.			
			Click TAB in last row to add extra	rows
2	Grants or contracts from any	1		
	entity (if not indicated in item #1 above).	Novo Nordisk	Funding for an investigator Sponsored Study funded, grant number U1111-1209-6358	
3	Royalties or licenses	□X None		
	T.	T		
4	Consulting fees	□X None		

5	Payment or honoraria for	□X None	
	lectures, presentations,		
	speakers bureaus, manu- script writing or educational		
	events		
<u></u>	Payment for expert testi-	□X None	
	mony	LIX NOTIC	
7	Support for attending meet-	□V None	
,	ings and/or travel	□X None	
8	Patents planned, issued or pending	□X None	
	pending		
9	Participation on a Data	□X None	
	Safety Monitoring Board or Advisory Board		
	navisory board		
10	Leadership or fiduciary role	□X None	
	in other board, society, com-		
	mittee or advocacy group, paid or unpaid		
	i '		
11	Stock or stock options	□X None	
12	Receipt of equipment, mate-	□X None	
	rials, drugs, medical writing,		
	gifts or other services		
13	Other financial or non-finan-	☐ XNone	
15	cial interests	LI XIVOITE	
Plea	se place an "X" next to the	following statement to i	indicate your agreement:
	I certify that I have answe	ered every question and h	have not altered the wording of any of the questions
	ORTANT for Ugeskrift for		Journal submitting it to Ugeskrift for Læger or Danish Me

Journal.

Dat	e: 9.5.2	2025		
You	r name:	Thomas Pe	ter Almdal	
Ma	nuscript title:	E	Effects of adding Contin	nuos Glucose Monitoring to a standardized insu-
_	rotocol follow			
Ma	nuscript numbe	r (if known)	•	
mai	nuscript only.			ips/activities/interests as they relate to the <u>current</u>
the	epidemiology of	f hypertens		defined broadly. For example, if your manuscript pertains to ll relationships with manufacturers of antihypertensive medinanuscript.
			port for the work reporte the past 36 months.	ed in this manuscript without time limit. For all other items,
			Name all entities with whom you have this rela- tionship 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			THE WINDSHIELD PROSESSES
1	All support for the manuscript (e.g. provision of stude medical writing,	, funding, dy materials, article pro-	⊠ None	
	cessing charges,	etc.)		
	No time limit for	r this item.		
				Click TAB in last row to add extra rows
2	Grants or contra		None	
	entity (if not ind item #1 above).	icated in		
3	Royalties or licer	nses	None	
la .	Consulation 5		les a	
4	Consulting fees		None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	None		
	events			
	Payment for expert testi-	⊠None		
	mony			
	Support for attending meetings and/or travel	None		
	ings and/or traver			
_	Patents planned, issued or	☑ None		
8	pending	a wone		
_				
	Participation on a Data	☑ None		
	Safety Monitoring Board or			
	Advisory Board			
0	Leadership or fiduciary role	☑ None		
	in other board, society, com- mittee or advocacy group,			
	paid or unpaid			
1.	Stock or stock options	□ None		
т.			Professional Control Control	
		Holds stocks in NovoNordisk A/S	Part of salary in my previous employment at Steno Diabates Center / Novo Nordisk	
		TOVOITO I GISK PAYS	bates center / Novo Nordisk	
		1 25		
2	Receipt of equipment, mate-	☐ None		
	rials, drugs, medical writing, gifts or other services			
	Bitts of other services			
3	Other financial as a seficient	E21 - 1		
•	Other financial or non-finan- cial interests	None		
	ciai interests			

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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

03-03-2025

Date:

Your	name: Trine Lund-	Jacobsen		
Man	uscript title: E	Effects of adding Contin	uos Glucose Monitoring to a standardized insu-	
	cotocol following total pa			
Man	uscript number (if known)	•		
	following questions apply t uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
the e		on, you should declare al	defined broadly. For example, if your manuscript performantionships with manufacturers of antihypertensive nanuscript.	
	em #1 below, report all sup ime frame for disclosure is		ed in this manuscript without time limit. For all other	items,
		Name all entities with	Specifications/Comments	
		whom you have this rela- tionship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
Time	frame: Since the initial plani			
1	•	x None		
-		X NOTIC		
	No time limit for this item.			
,			Click TAB in last row to add ext	tra rows
2	Grants or contracts from any	x None		
	entity (if not indicated in item #1 above).			
3	Royalties or licenses	x None		
4	Consulting fees	x None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None		
		l		
6	Payment for expert testi- mony	x None		
7	Support for attending meetings and/or travel	x None		
8	Patents planned, issued or pending	x None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None		
		X 110110		
10	Leadership or fiduciary role in other board, society, com- mittee or advocacy group, paid or unpaid	x None		
11	Ct-ali an at-ali anti-na			
11	Stock or stock options	x None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None		
4.0				
	Other financial or non-financial interests	x None		

Please place an "X" next to the following statement to indicate your agreement:

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal