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Date	<b>e</b> : 7. juni 2024		
You	r name: Cecilia Kiehn My	/rup	
Mai	nuscript title: Nye be	handlingsstrategier ved assi:	steret befrugtning
Mai	nuscript number (if known):	: UFL-01-24-0061	
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 inc	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 declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all supprited 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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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		
2 Grants or contracts from None			
4	any entity (if not indicated	<b>⊠</b> None	
	in item #1 above).		
3	3 Royalties or licenses   None		

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
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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Dat	e: 07-06-2024		
You	I <b>r name</b> : Nathalie Friis	Wang	
Mai	nuscript title: Nye	behandlingsstrategier ved as	ssisteret befrugtning
Mai	nuscript number (if known)	):	
are re third comr 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	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.
	uscript only.	o the dathor stellationship	solution interests as they relate to the <u>carrent</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	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 None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non	
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 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	e: 7. juni 2024		
You	r name: Kristine Løssl		
Mai	nuscript title: Nye b	ehandlingsstrategier ve	ed assisteret befrugtning
Mai	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 st, 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	ins 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 pla	nning of the work	
1	All support for the present	<b>⊠</b> None	
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	item.		
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Tim	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>⊠</b> None	

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
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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	Name: Anja Pinborg			
In th	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that	
are r	related to the content of yo	ur manuscript. "Related"	means any relation with for-profit or not-for-profit	
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	em #1 below, report all supprince 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)	
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,	<b>⊠</b> None		
	etc.)			
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	item.			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ <b>None</b> Gedeon Richter	Payment to institution	
		Ferring Pharmaceuticals	Payment to institution Payment to institution	
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3	Royalties or licenses	<b>⊠</b> None	
4	Consulting fees	☐ None	
		IBSA	Payment to me
		Ferring	Payment to me
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5	Payment or honoraria for	□ None	
	lectures, presentations,	Gedeon Richter	Payment to me
	speakers bureaus,	Ferring Pharmaceuticals	Payment to me
	manuscript writing or	Merck A/S	Payment to me
	educational events	Organon	Payment to me
		Organon	r dyment to me
6	Payment for expert	<b>⊠</b> None	
	testimony		
7	Cupport for attending		
/	Support for attending meetings and/or travel	None	
	meetings and/or traver	Gedeon Richter	Payment to institution
8	Patents planned, issued or	<b>☑</b> None	
	pending		
9	Participation on a Data	<b>⊠</b> None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
10	role in other board,	△ None	
	society, committee or		
	advocacy group, paid or unpaid		
	·		
11	Stock or stock options	or stock options 🛛 None	
		I	
12	Receipt of equipment,	<b>☑</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<b>⊠</b> None	
13	financial interests	EZ NUIC	

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