ICMJE DISCLOSURE FORM

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Date	e : 5. juni 2024		
	ı r name : Amanda Kvist-Har	nsen	
			Kliniske præsentationer og patogenese
	nuscript number (if known	3.0	annote proceeding the egypategeness
In the are re third comr list a	e interest of transparency, elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	we ask you to disclose all ur 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. ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is r port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not 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	
1	All support for the present manuscript (e.g., funding,	⊠ None	
	provision of study		
	materials, medical writing,		
	article processing charges, etc.)		
	010.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Cranta or contracts from	□ None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None Grants from: Region Hovedstadens Forskningsfond og Aage Bangs forskningsfond	Paid to the hospital where I am employed

Royalties or licenses

None
 Non

4	Consulting fees		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None Manuscript writing Månedsbladet Rationel Farmakoterapi, Sundhedsstyrelsen	Paid to me
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None Abbvie	Travel expenses and registration fee for attending EADV 2022 Milano
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10			
		Z None	
11	Stock or stock options	None Non	
	otosik or stosik options	ZINOIC	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	None Non	

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Date	e: 09. juni 2024		
You	r name : Charlotte Näslur	nd-Koch	
Man	nuscript title: Psorias	is en eller flere sygdomme?	- Kliniske præsentationer og patogenese
Mar	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 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
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		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)
	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding,	None Non	
	provision of study materials, medical writing, article processing charges, etc.)		
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	item.		
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Time	e frame: past 36 months		oliok 1712 iii last 10w to dad oxila 10ws
	o mame. past oo months		
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Krista and Viggo Petersen's Foundation, The Danish National Psoriasis Foundation, The Kgl Hofbundtmager Aage Bang Foundation, Ellab Foundation, Herley	

		and Gentofte Hospital		
		research fund, Siemens		
3	Royalties or licenses	⊠ None		
		Z None		
4	Consulting fees	☑ None		
5	Payment or honoraria for			
3	lectures, presentations,	△ None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
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6	Payment for expert testimony		T	
	testimony			
7	Support for attending	☐ None		
	meetings and/or travel	Leo Pharma	Travel expenses for attending EADV 2022	
			Milano	
8	Patents planned, issued or	⊠ None		
O	pending	M None		
	1 3			
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9	Participation on a Data	None Non		
	Safety Monitoring Board or Advisory Board			
	or Advisory board			
10	Leadership or fiduciary	None Non		
	role in other board,			
	society, committee or			
	advocacy group, paid or			
	unpaid			
11	11 Stock or stock options None			
	otook of stook options	Z None		
10	Description of the second		1	
12	Receipt of equipment, materials, drugs, medical		T	
	writing, gifts or other			
	services			
13	Other financial or non-	☐ None		
	financial interests	I have served as sub-	Payments to my institution.	
		investigator in clinical		
		trials for Galderma,		
		Abbvie, LEO Pharma, Novartis, and CSL		
		Behring.		

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Dat	te: 10. juni 2024		
You	ır name: Lone Skov		
Ma	nuscript title: Psorias	sis en eller flere sygdomme?	– Kliniske præsentationer og patogenese
Ma	nuscript number (if known):	
are r third comr list a The f manu The a	related to the content of your parties whose interests manitment to transparency and relationship/activity/interests in the content of the co	our manuscript. "Related" ay be affected by the content of does not necessarily in est, it is preferable that you the author's relationship vities/interests should be of hypertension, you should	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. ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
In ite	em #1 below, report all sup		d in this manuscript without time limit. For all
	r items, the time frame for		
	r items, the time frame for	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)
othe		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
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Tim	ne frame: Since the initial plane All support for the present manuscript (e.g., funding,	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
Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study	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
Tim	ne frame: Since the initial plane All support for the present manuscript (e.g., funding,	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
Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	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
Tim	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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
Tim	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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
Tim	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	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 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.	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
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Tim 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 in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work None None None Sanofi, Almirall, BMS, Janssen	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows
Tim 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	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work None None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows

4	Consulting fees	□ None		
		UCB	Paid to me	
5	Payment or honoraria for	□ None		
0	lectures, presentations,	Eli Lilly, Pfizer, Leo	Paid to me	
	speakers bureaus,	Pharma, Abbvie, UCB, BI,	Tala to me	
	manuscript writing or	BMS, Sanofi,		
	educational events			
6	Payment for expert	None Non		
	testimony			
7	Support for attending			
′	meetings and/or travel	⊠ None		
	moonings amar or traver			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board	Almirall, UCB, BI, BMS,	Paid to me	
	or Advisory Board	Stada, Sanofi, Galderma,		
		Janssen, Incyte		
10	Leadership or fiduciary	□ None		
	role in other board,	Medicinrådet, psoriasis	-	
	society, committee or advocacy group, paid or unpaid	Board member	-	
		International Psoriasis		
		Council Chairman psoriasis	-	
		group under Danish		
		Society of Dermatology		
11	Stock or stock options			
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10	Decelel of the land			
12	Receipt of equipment, materials, drugs, medical	None Non		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			

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