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Date: 20.juni 2024			
Your name: Anne Hald Rittig			
Manuscript title: Systemisk behandling af psoriasis			
Manuscript number (if known): UFL-06-24-0412			

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Tim	e frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (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,	⊠ None	
	article processing charges, etc.)		
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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 Boehringer Ingelheim
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None Image: Second
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 Image: Second
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: 20.juni 2024			
Your name: Trine Bertelsen			
Manuscript title: Systemisk behandling af psoriasis			
Manuscript number (if known): UFL-06-24-0412			

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	No time limit for this item.		

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2	Grants or contracts from	□ None	
	any entity (if not indicated		Aage bang fnd, Wehnerts fond
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	□ None	
			UCB, Novartis
5	Payment or honoraria for Done		
	lectures, presentations,		Eli Lilly
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel		Abbvie, Novartis, UCB
8	Patents planned, issued or	⊠ None	
0	pending		
	Death in a the same Data		
9	Participation on a Data Safety Monitoring Board	□ None	
	or Advisory Board		UCB, Novartis
10	Leadership or fiduciary	□ None	
	role in other board, society, committee or		Unpaid board member of Danish dermatological
	advocacy group, paid or		society
	unpaid		
11	Stock or stock options	⊠ None	
10	Descipt of a prime set		
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other		
	services		
4.0			1
13	Other financial or non-	⊠ None	
	financial interests		

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Date: 20.juni 2024			
Your name:	Your name: Mads Kirchheiner Rasmussen		
Manuscript title: Systemisk behandling af psoriasis			
Manuscript number (if known): UFL-06-24-0412			

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	manuscript (e.g., funding, provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
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	item.		

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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	onsulting fees None	
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus,	Abbvie	Personal
	manuscript writing or	Bristol-Myers Squibb, Danmark	Personal
	educational events	UCB nordic	Personal
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Abbvie	Congress
		UCB nordic	Congress
8	Patents planned, issued or	⊠ None	
	pending		
-			
9	Participation on a Data		
Í	Safety Monitoring Board	UCB nordic	Personal
	or Advisory Board	Bristol-Myers Squibb,	Personal
		Danmark	Demonst
		Novartis Healthcare A/S, Danmark	Personal
10	Leadership or fiduciary	⊠ None	
10	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	unpulu		
11	Stock or stock options	None None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other		
	services		
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13	Other financial or non- financial interests	⊠ None	

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Date: 20.juni 2	024	
Your name:	Kirsten Rønholt	
Manuscript title		
Manuscript nun	ber (if known): UFL-06-24-0412	

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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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	凶 None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None
3	Royalties or licenses	None

4	Consulting fees	🖾 None		
	0.000	u none		
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5	Payment or honoraria for	🖾 None		
	lectures, presentations, speakers bureaus, manuscript writing or educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel		2	
			Jannsen Ely Lillu	
8	Patents planned, issued or	~/.	- Cig Ellig	
0	pending	DXNone		
	P CITICITIE			
9	Participation on a Data	None		
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	None		
	role in other board,	LI NOILE		
	society, committee or			
	advocacy group, paid or			
-	unpaid			
11	Stock or stock options	None		
1		- A NONE		
12	0 1	×		
12	Receipt of equipment,	A None		
	materials, drugs, medical writing, gifts or other			
	services			
		1		
.3	Other financial or non-	None		
	financial interests			

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