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Dat	e: 23. juni 2024		
You	r name: Kristian Kofoed		
Mai	nuscript title: Nye og	gamle lokale behandlinger	af psoriasis, samt håndtering af psoriasis i almen.
Mar	nuscript number (if known	):	
In the are retained third comments and the first and the apertained the interior and the interior and the apertained the interior and the interio	e interest of transparency, elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest following questions apply to uscript only.  Buthor's relationships/activitys to the epidemiology of ypertensive medication, even	we ask you to disclose all ur manuscript. "Related" ay be affected by the conducted does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reported.	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
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4	Consulting fees	None     Non		
5	Payment or honoraria for	Payment or honoraria for None		
	lectures, presentations,	Eli Lilly	Paid to me	
	speakers bureaus,	Orifarm	Paid to me	
	manuscript writing or	Abbvie,	Paid to me	
	educational events	Galderma	Paid to me	
		Leo Pharma	Paid to me	
		Boehringer Ingelheim	Paid to me	
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6	Payment for expert testimony		T	
	testimony			
7	Support for attending	☑ None		
	meetings and/or travel			
8	Patents planned, issued or			
0	pending	□ None		
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board	Eli Lilly	Paid to me	
	or Advisory Board	Pfizer	Paid to me	
10	Leadership or fiduciary	□ None		
	role in other board,	Member of psoriasis	-	
	society, committee or	group under Danish		
	advocacy group, paid or	Society of Dermatology		
	unpaid			
11	Stock or stock options	None     Non		
		2 110110		
			1	
12	Receipt of equipment,	None     Non		
	materials, drugs, medical			
	writing, gifts or other services			
	2CI AICG2			
13	Other financial or non-	None     Non		
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Dat	<b>:e:</b> 23. juni 2024		
You	ır name: Lone Skov		
Mai	nuscript title: Nye o	g gamle lokale behandlinger	af psoriasis, samt håndtering af psoriasis i almen.
Mai	nuscript number (if know	n):	
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In ite	em #1 below, report all su		ot mentioned in the manuscript.  d in this manuscript without time limit. For all months.
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_	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
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) nning of the work	(e.g., if payments were made to you or to your institution)
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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.  e frame: past 36 months  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Inning of the work  None  None	(e.g., if payments were made to you or to your institution)  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 in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Inning of the work  None  None  None  Sanofi, Almirall, BMS, Janssen	(e.g., if payments were made to you or to your institution)  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.  e frame: past 36 months  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Inning of the work  None  None	(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	□ Name			
5	lectures, presentations,	None	Daid to man		
	speakers bureaus,	Eli Lilly, Pfizer, Leo Pharma, Abbvie, UCB, BI,	Paid to me		
	manuscript writing or	BMS, Sanofi,			
	educational events	Bivi3, 3dilott,			
_	_	_			
6	Payment for expert	None			
	testimony				
7	Support for attending	<b>⊠</b> None			
	meetings and/or travel				
	D				
8	Patents planned, issued or pending	⊠ 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	Board member	-		
	advocacy group, paid or	International Psoriasis			
	unpaid	Council			
		Chairman psoriasis	-		
		group under Danish			
		Society of Dermatology			
11	Stock or stock options	⊠ None			
12	Receipt of equipment,	⊠ None			
12	materials, drugs, medical	△ None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				

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Date	<b>e:</b> 24. juni	i 2024		
	r name:	Claus Zachariae		
Mar	nuscript tit	le: Nye og	gamle lokale behandlinger	af psoriasis, samt håndtering af psoriasis i almen.
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			Name all entities with	Specifications/Comments
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1		for the present	<b>⊠</b> None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)			
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Time	e frame: pas	st 36 months		
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2		contracts from (if not indicated	□ None	Crant naid to the hearital
	in item #1	·	Novo Foundation	Grant paid to the hospital
3	Royalties o	rlicanses	M None	
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		UCB	Paid to me
5	Payment or honoraria for None		
	lectures, presentations,	Leo Pharma, UCB	Paid to me
	speakers bureaus, manuscript writing or educational events		
		<b>—</b>	
6	Payment for expert testimony	⊠ None	
	testimony		
-		<b></b>	
7	Support for attending meetings and/or travel	⊠ None	
	meetings and/or traver		
8	Patents planned, issued or pending	<b>⊠</b> None	
	pending		
9	Participation on a Data	□ None	
	Safety Monitoring Board or Advisory Board	Almirall, UCB, Galderma, Janssen cilag	Paid to me
	0. 7.a.1.50. <b>,</b> 200. a	Janssen chag	
10	Leadership or fiduciary		
10	role in other board,	□ None  Board member EADV	
	society, committee or	Board member LADV	
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	⊠ None	
	financial interests		

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