

# ICMJE DISCLOSURE FORM

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**Date:** 20. juni 2025

**Your name:** Joakim Bo Kunkel

**Manuscript title:** Wearables and Health Today: A Danish Perspective on Digital Monitoring

**Manuscript number** (if known):

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	

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## Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	Co-grant recipient for <i>Virtual Heart Clinic</i> , a wearable project under Department of Cardiology, Rigshospitalet, Copenhagen University Hospital.

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**Date:** Klik eller tryk for at angive en dato.

**Your name:** Philip Osbak

**Manuscript title:** Wearables and Health Today: A Danish Perspective on Digital Monitoring

**Manuscript number** (if known):

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**Date:** 28. juni 2025

**Your name:** Peter Laursen Graversen

**Manuscript title:** Wearables and Health Today: A Danish Perspective on Digital Monitoring

**Manuscript number** (if known):

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 20. juni 2025

Your name: Morten Lamberts

Manuscript title: **Wearables and Health Today: A Danish Perspective on Digital Monitoring**  
**Wearables og sundhed i dag: Et dansk perspektiv på digital monitorering**

Manuscript number (if known):

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Speaker fees	BMS, Bayer, AZ
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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**Date:** 21. juni 2025

**Your name:** Edina Hadziselimovic

**Manuscript title:** Wearables and Health Today: A Danish Perspective on Digital Monitoring

**Manuscript number** (if known):

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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**Date:** 21. juni 2025

**Your name:** Helena Dominguez

**Manuscript title:** Wearables and Health Today: A Danish Perspective on Digital Monitoring

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		Independent Research Fund Denmark	Institutional research grant
		ODIN NovoNordisk Fund	National enterprise
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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**Date:** 24. juni 2025

**Your name:** Anne Blaabjerg Myhlendorph

**Manuscript title:** Wearables and Health Today: A Danish Perspective on Digital Monitoring

**Manuscript number** (if known):

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
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**Date:** 30. juni 2025

**Your name:** Mads Ørbæk Andersen

**Manuscript title:** Wearables and Health Today: A Danish Perspective on Digital Monitoring

**Manuscript number** (if known):

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	VIOBAC ApS Board member
11	Stock or stock options	<input type="checkbox"/> None	Novo Nordisk Zealand Pharma
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	Co-grant recipient for <i>Virtual Heart Clinic</i> , a wearable project under Department of Cardiology, Rigshospitalet, Copenhagen University Hospital.

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