Date	e: 7. maj 2023		
You	r name: Johan Skov Bun	dgaard	
Mar	nuscript title: Pediat	ric patient referrals from	Greenland to the Danish National University
Mar	nuscript number (if known	):	
are re third comn	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	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.
	ollowing questions apply to 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 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.
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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, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
<u> </u>			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>⊠</b> None	
3	Royalties or licenses	<b>⊠</b> None	

4	Consulting fees	☑ None	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Down out for ownert	N N	
6	Payment for expert testimony	<b>☑</b> None	
	testimony		
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	M Nama	
0	pending	<b>⊠</b> None	
	periumg		
9	Participation on a Data	<b>⊠</b> None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	ипраіц		
11	Stock or stock options	<b>☑</b> None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	△ None	
	writing, gifts or other		
	services		
	<u> </u>		
13	Other financial or non-	<b>⊠</b> None	
	financial interests		

 $\boxtimes$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 7. maj 2023		
You	r name: Marianne Skov		
Mar	nuscript title: Pedia	tric patient referrals from	Greenland to the Danish National University
Mar	nuscript number (if known	n):	
are re third comn list a	elated to the content of your parties whose interests mitment to transparency a relationship/activity/interests	our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply t <u>uscript only</u> .	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, e	f hypertension, you should ven 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)
Time	e frame: Since the initial plan	nning of the work	
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.	⊠ None	
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HIIII	e frame. past 50 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>⊠ None</b>	
3	Royalties or licenses	<b>⊠</b> None	

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

 $\boxtimes$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 7. maj 2023		
You	r name: Uka W. Geisler		
Mar	nuscript title: Pediat	tric patient referrals from	Greenland to the Danish National University
Mar	nuscript number (if known	):	
are re third comn list a	elated to the content of yo parties whose interests m nitment to transparency a relationship/activity/inter	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.
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should wen if that medication is n port for the work reported disclosure is the past 36 r	
		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 plar	-	
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
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4	Consulting fees	☑ None	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Down out for ownert	N N	
6	Payment for expert testimony	<b>☑</b> None	
	testimony		
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	M Nama	
0	pending	<b>⊠</b> None	
	periumg		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
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11	Stock or stock options	<b>☑</b> None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	△ None	
	writing, gifts or other		
	services		
	<u> </u>	<u> </u>	
13	Other financial or non-	<b>⊠</b> None	
	financial interests		

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>te:</b> 7. maj 2023		
You	ur name: Hanne Rex		
Mai	nuscript title: Pe	diatric patient referrals from	Greenland to the Danish National University
Mai	nuscript number (if kno	wn):	
are ro third comr list a	related to the content or I parties whose interest mitment to transparenc relationship/activity/in	f your manuscript. "Related" is may be affected by the con- y and does not necessarily in terest, it is preferable that yo	
	following questions app <u>uscript only</u> .	ly to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antih	ains to the epidemiolog nypertensive medication	y of hypertension, you should n, even if that medication is n	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
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other	· ·		•
	· ·	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
	r items, the time frame	Name all entities with whom you have this relationship or indicate none (add rows as needed)  planning of the work  None  None	Specifications/Comments (e.g., if payments were made to you or to your
Time	e frame: Since the initial  All support for the prese manuscript (e.g., fundin provision of study materials, medical writin article processing charge	Name all entities with whom you have this relationship or indicate none (add rows as needed)  planning of the work  None  None	Specifications/Comments (e.g., if payments were made to you or to your
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Time 1	e frame: Since the initial All support for the prese manuscript (e.g., fundin provision of study materials, medical writin article processing charge etc.) No time limit for this item.	Name all entities with whom you have this relationship or indicate none (add rows as needed)  planning of the work  None  None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial  All support for the prese manuscript (e.g., fundin provision of study materials, medical writin article processing charge etc.)  No time limit for this item.	Name all entities with whom you have this relationship or indicate none (add rows as needed)  planning of the work  None  None	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time	e frame: Since the initial  All support for the prese manuscript (e.g., fundin provision of study materials, medical writin article processing charge etc.)  No time limit for this item.	Name all entities with whom you have this relationship or indicate none (add rows as needed) planning of the work  None  None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial All support for the prese manuscript (e.g., fundin provision of study materials, medical writin article processing charge etc.) No time limit for this item.  Grants or contracts from any entity (if not indicat in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed)  planning of the work  None  None  None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time 2	e frame: Since the initial  All support for the prese manuscript (e.g., fundin provision of study materials, medical writin article processing charge etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicat	Name all entities with whom you have this relationship or indicate none (add rows as needed) planning of the work  None  None	Specifications/Comments (e.g., if payments were made to you or to your institution)

4	Consulting fees	☑ None	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Down out for ownert	N N	
6	Payment for expert testimony	<b>☑</b> None	
	testimony		
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	M Nama	
0	pending	<b>⊠</b> None	
	periumg		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	ипраіц		
11	Stock or stock options	<b>☑</b> None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	△ None	
	writing, gifts or other		
	services		
	<u> </u>		
13	Other financial or non-	<b>⊠</b> None	
	financial interests		

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 7. maj 2023		
You	<b>r name</b> : Katharina M. Ma	ain	
Mar	nuscript title: Pediat	ric patient referrals from	Greenland to the Danish National University
Mar	nuscript number (if known	):	
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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)
Time	e frame: Since the initial plan	nning of the work	
1	All support for the present	None     Non	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	No time limit for this item.		
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Time			Click TAB in last row to add extra rows
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	e frame: past 36 months  Grants or contracts from any entity (if not indicated	None	Click TAB in last row to add extra rows
	e frame: past 36 months  Grants or contracts from	None	Click TAB in last row to add extra rows
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	e frame: past 36 months  Grants or contracts from any entity (if not indicated	None None Gyldendal Royalties	Click TAB in last row to add extra rows  Textbook 'Sexology'

4	Consulting fees	☐ None	
		The national Board of Wealth and Welfare, Sweden	External Advisor, New National Guidelines for endocrine treatment of transgender youth 2021-2022
5	Payment or honoraria for	☐ None	,
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Novo Nordisk A/S	Teaching honorarium at annual national postgraduate course on pituitary diseases, joint venture of the Danish Societies of Endocrinology, Pediatric Endocrinology, Neurosurgery and Oncology
6	Payment for expert	□ None	
	testimony	The Ministry of Justice, Dept. of Civil Affairs	Medical Expert (Retslægerådet)
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	☑ None	
	pending		
9	Participation on a Data	☑ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	☑ None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
14	Charlessates	l <b>–</b>	
11	Stock or stock options		
10	Description 1		
12	Receipt of equipment, materials, drugs, medical		I
	writing, gifts or other		
	services		
13	Other financial or non-	M None	
13	financial interests	None     Non	

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ICMJE Disclosure Form (Feb2021): http://icmje.org	

Dat	<b>te:</b> 7. maj 2023		
You	ur name: Julie Voss		
Mai	nuscript title: Pedia	tric patient referrals from	Greenland to the Danish National University
Mai	nuscript number (if knowr	1):	
are ro third comr	elated to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the cont nd does not necessarily in	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.
	following questions apply t <u>uscript only</u> .	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology o	f hypertension, you should ven if that medication is no oport 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
othe	r items, the time frame for	disclosure is the past 36 r	months.
other	r items, the time frame for	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)
	er items, the time frame for	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
		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
Time	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
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	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
Time 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	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 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 institution)
Time 2	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	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work  None	Specifications/Comments (e.g., if payments were made to you or to your institution)

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	
		Z 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-	⊠ None	
	financial interests		

 $\boxtimes$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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