Date	<b>e</b> : 12. juli 2023		
	Ir name: Anne Fog Lombo	olt	
			g på næsen og mellemansigtet
	nuscript number (if known)	<u>-                                    </u>	g pa necessit og monomanergeet
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	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	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is no 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		
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	None None	
	item.		
			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).	None	
3	Royalties or licenses	None     Non	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	⊠ None
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8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or advocacy group, paid or unpaid	
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     Non

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 12. juli 2023		
You	r name: Frederik Vesterç	gaard Hansen	
Mar	Manuscript title: Skadelige effekter af kokainmisbrug på næsen og mellemansigtet		
Mar	nuscript number (if known)	):	
are re third comr list a	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.
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no	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	-	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None     Non	
	No time limit for this item.		
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<b>-</b>			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).	None	
3	Royalties or licenses	None     Non	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	⊠ None
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8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or advocacy group, paid or unpaid	
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     Non

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 12. juli 2023		
You	r name: Henrik Rindom		
Mar	nuscript title: Skadel	ige effekter af kokainmisbrug	g på næsen og mellemansigtet
Mar	nuscript number (if known	):	
are re third comr list a The fe	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere ollowing questions apply to	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.
The a perta antih In ite	The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 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, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
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Time	e frame: past 36 months		
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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
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	⊠ None
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8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or advocacy group, paid or unpaid	
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     Non

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 12. juli 2023		
You	r name: Kasper Aanæs		
Mar	nuscript title: Skadel	ige effekter af kokainmisbru	g på næsen og mellemansigtet
Mar	nuscript number (if known	):	
In the are re third comr list a	e interest of transparency, elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	we ask you to disclose all 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.
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven 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 plan	ning 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	None     Non	
	item.		
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None     Non	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	⊠ None
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8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or advocacy group, paid or unpaid	
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     Non

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 12. juli 2023		
You	r name: Oliver Thistrup	Kiehn	
Mai	nuscript title: Skade	lige effekter af kokainmisbru	g på næsen og mellemansigtet
Mai	nuscript number (if known	):	
are re third comr list a The f	elated to the content of your parties whose interests mentment to transparency a relationship/activity/inter	our 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.  ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, e	hypertension, you should ven if that medication is n port for the work reporte	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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	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	⊠ None	
3	Royalties or licenses	None     Non	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	⊠ None
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8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non
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