Date	e : 1. juli 2024		
You	r name: Nikolai Loft		
Mar	nuscript title: Psoria:	sis hos børn og unge	
Mar	nuscript number (if known): UFL-04-24-0270	
are re 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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply t uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup r items, the time frame for		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 plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
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Time	e frame: past 36 months		
2	Grants or contracts from		
	any entity (if not indicated in item #1 above).	Notice	
3	Royalties or licenses		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Eli Lilly Janssen Cilag Sandoz	Speaking fee Speaking fee Speaking fee
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Pfizer	EADV congress attendance 2023
8	Patents planned, issued or pending	None Non	
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	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	None Non	

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	r name: Claus Zachariae		
Mai	nuscript title: Psorias	is hos børn og unge	
Mai	nuscript number (if known): UFL-04-24-0270	
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reporter	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)
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1 Tim 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).	whom you have this relationship or indicate none (add rows as needed) ning of the work 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 lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Leo Pharma, UCB	Paid to me
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Almirall, UCB, Galderma, Janssen cilag	Paid to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Board member EADV	
11	Stock or stock options	None Non	
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:	te: 24. juni 2024		
Your na	Your name: Farzad Alinaghi		
Manuso	Manuscript title: Psoriasis hos børn og unge		
Manuscript number (if known): UFL-04-24-0270			

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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)
Tim	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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Tim	Time frame: past 36 months			
2	Grants or contracts from	None Non		
	any entity (if not indicated			
	in item #1 above).			
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
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 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- financial interests	None

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Date	3		
	r name: Lone Skov		
Mar	nuscript title: Psoriasis ho	os børn og unge	
Mar	nuscript number (if known): UFL-04-24-0270	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the con 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.
	ollowing questions apply to uscript only.	o the author's relationshi _l	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup ritems, the time frame for		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	None Non	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	☐ None	
	any entity (if not indicated in item #1 above).	Sanofi, Almirall, BMS, Janssen	Grant paid to the hospital
3	Royalties or licenses	None Non	

4	Consulting fees	□ None	
		UCB	Paid to me
5	Payment or honoraria for None		
3	lectures, presentations,	Eli Lilly, Pfizer, Leo	Paid to me
	speakers bureaus,	Pharma, Abbvie, UCB, BI,	Tala to me
	manuscript writing or	BMS, Sanofi,	
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	∇ None	
/	meetings and/or travel		
	2 2 3 3 3 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
8	Patents planned, issued or	None	
	pending		
9	9 Participation on a Data		
	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 unpaid	International Psoriasis	
	anpara	Council Chairman psoriasis	-
		group under Danish	
		Society of Dermatology	
11	Stock or stock options		
	otosk of stook options	NOIIC	
10	Develop from the		
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests		

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Date : 24.06.24	Date : 24.06.24		
Your name: Mikkel Bak Jensen			
Manuscript tit	le: Psoriasis hos børn og unge		
Manuscript number (if known): UFL-04-24-0270			

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	No time limit for this item.				

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Time 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				

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