Date	e: 2. juli 2024		
You	r name: Nanna Reiter		
Mar	nuscript title: Livstruende	forgiftning med rifampi	cin, fucidinsyre og itraconazole
	nuscript number (if known)		3 0
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are re third comn	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the conf 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 <u>iscript only</u> .	o the author's relationship	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 suppitems, 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	ning of the work	
1	All support for the present manuscript (e.g., funding,	⊠ None	
	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	Constitution to the state of th
	any entity (if not indicated in item #1 above).	DASAIM AP Møller foundation	Grant for ph.d. project on chlordiazepoxide Grant for ph.d. project on chlordiazepoxide
			Grant for prisa, project on emoraldzepoxide
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
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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Dat	e: 2. juli 2024				
You	Your name: Julie Bjerre Tarp				
Mai	nuscript title: Livstruende	forgiftning med rifampici	n, fucidinsyre og itraconazole		
	nuscript number (if known)		, , ,		
IVIGI	idscript number (ii known)	. OI L-04-02 70			
are thire com	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
pert	tains 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.		
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.					
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		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as needed)			
Time	Time frame: Since the initial planning of the work				
1	All support for the present	☑ None			
	manuscript (e.g., funding,				
	provision of study				
	materials, medical writing, article processing charges,				
	etc.)				
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	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	M NOTIC			
	in item #1 above).				
3	2 Povelties or licenses Wens				
5	Royalties or licenses	⊠ None			

4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	■ None		
	testimony			
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	*			
10	Leadership or fiduciary role in other board, society,	☑ None		
	committee or 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		
.0	financial interests			

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Dat	e : 2. juli 2024		
You	r name: Hasse Møller-Sø	ørensen	
Mai	nuscript title: Livstruende	forgiftning med rifampi	cin, fucidinsyre og itraconazole
Mai	nuscript number (if known): UFL-04-0296	
are ro third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the control 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. Os/activities/interests as they relate to the current
perta antih	ains to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	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)
Tim	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.		
		I	Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None	
	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
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	e: 2. juli 2024		
You	r name : Jesper Kjærgaa	rd	
Mar	nuscript title: Livstruende	forgiftning med rifampi	cin, fucidinsyre og itraconazole
Mar	nuscript number (if known): UFL-04-0296	
are re third comn	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 relationship	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 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)
	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.)		
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	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	□ None Novo Nordisk	NNE2200070440
	in item #1 above).	Foundation	NNF220C0079649
3	Royalties or licenses	☑ None	

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	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board	□ None	
	or Advisory Board	IVIO: EudraCT number: 2021- 005922-82	
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,	⊠ None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	⊠ None	
	financial interests		

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ICMJE Disclosure Form (Feb2023): http://icmje.org	Page 3 of 3

Date	e : 2. juli 2024		
You	r name: Tonny Studsgaa	ard Petersen	
Mar	nuscript title: Livstruende	forgiftning med rifampi	cin, fucidinsyre og itraconazole
Mar	nuscript number (if known): UFL-04-0296	
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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 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	
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			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
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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Dat	te: 2. juli 2024		THE RESERVE TO THE PARTY OF THE
Υοι	ur name: Morten Østerga	aard	- Victorial Control
Ma	nuscript title: Livstruende	e forgiftning med rifampi	cin, fucidinsyre og itraconazole
Ma	nuscript number (if knowr	n): UFL-04-0296	
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perta antil In ite	ains to the epidemiology on hypertensive medication, e	f hypertension, you should yen if that medication is no port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not 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)
Tim	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 item.	⊠ None	
			Click TAB in last row to add extra row
Tim	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	

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
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
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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