Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date : 28. juli 2024			
Your name: Maria	Your name: Maria Feldborg Bruun Andersen		
Manuscript title: Parkinsons sygdom og lower urinary tracts symptoms.			
Manuscript number (if known): 03-24-0190			

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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)
Tim	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	
	No time limit for this item.		

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Tim	Time frame: past 36 months			
2 G	Grants or contracts from	☑ None		
	any entity (if not indicated in item #1 above).			
3	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	9 Participation on a Data 🛛 None		
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Landanskin au fiduation.	.	
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
11	Stock of Stock options	KA MOHE	
4-			
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other		
	services		
		<u> </u>	
13	Other financial or non-	⊠ None	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 8. august 2024		
	I r name : Kristian V	Vinge	
		Parkinsons sygdom og lower	urinary tract symptoms
-	nuscript number (if known		urnary tract symptoms
iviai	nascript namber (ii known	j. 07-24-0470	
are re third comr	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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ains 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.
	rm #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)
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.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from	None Non	
	any entity (if not indicated	△ None	
	in item #1 above).		
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 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 14. august 2024		
You	r name: Mikkel Fode		
Mar	nuscript title: Park	insons svadom oa va	andladningsproblemer
	nuscript number (if known		and a survey of the survey of
In the are retained third comments to a The famous The apertained antih	e interest of transparency, elated to the content of yo parties whose interests manitment to transparency ar relationship/activity/interestionship activity/interestionship activity as relationship. Buthor's relationships/activity interestions to the epidemiology of ypertensive medication, even #1 below, report all supports and the content and the pidemiology of the pidem	we ask you to disclose all ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
other	items, the time frame for	disclosure is the past 36 r	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.) No time limit for this item.	⊠ None	
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
11111	o mamo, past 30 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 None	
5	Payment or honoraria for None		
	lectures, presentations,	Astellas Pharma	Personal honorarium for lectures
	speakers bureaus,	Boston Scientific	Personal honorarium for lectures
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony	Zinone	
	,		
7	0 16 11 11		
7	Support for attending meetings and/or travel	□ None	To
	meetings and/or traver	Astellas Pharma	Support for EAU attendance
8	Patents planned, issued or	■ None	
	pending		
9	Participation on a Data None		
	Safety Monitoring Board	Astellas Pharma	Personal honorarium for advisory board
	or Advisory Board		
10	Leadership or fiduciary		
10	role in other board,	△ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	∇ None	
11	Stock of Stock obtions		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
	501 #1003		
13	Other financial or non- financial interests	☑ None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 15. august 2024		
You	r name: Rie Brand	t Seifert	
Mai	nuscript title:	Parinsonssygdom og lower u	rinary tract symptoms
Mai	nuscript number (if known)): 07-24-0496	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere following 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. Os/activities/interests as they relate to the current
<u>manı</u>	uscript only.		
perta antih	nins to the epidemiology of ypertensive medication, ev	hypertension, you should en if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
othe	r items, the time frame for	disclosure is the past 36 r	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.)	⊠ None	
	No time limit for this		
	item.		
			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 in item #1 above).	None	
3	Royalties or licenses	None Non	
		E NOIC	

4	Consulting fees	None Non	
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		Medtronic IBSA
	educational events		
6	Payment for expert testimony		
7	Support for attending	□ None	
	meetings and/or travel		Boston Scientific
8	Patents planned, issued or pending	None Non	
9	Participation on a Data	None Non	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	□ None	
	role in other board,		Kontinensforeningen, bestyrelsesmedlem
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
	·		
12	Receipt of equipment, materials, drugs, medical	None Non	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	⊠ None	

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