

# ICMJE DISCLOSURE FORM

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Date: 1. juli 2025

Your name: Emilie Sonne-Holm

Manuscript title: Kateterbaseret behandling til patienter med akut lungeemboli.

Manuscript number (if known):

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

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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)
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Time frame: past 36 months

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 20. juni 2025

Your name: Jørn Carlsen

Manuscript title: Kateterbaseret behandling til patienter med akut lungeemboli.

Manuscript number (if known):

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Date: 1. juli 2025

Your name: Jesper Kjærgaard

Manuscript title: Kateterbaseret behandling til patienter med akut lungeemboli.

Manuscript number (if known):

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Date: Klik eller tryk for at angive en dato. 20/6-25

Your name: Lia Evi Bang

Manuscript title: Kateterbaseret behandling til patienter med akut lungeemboli.

Manuscript number (if known):

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Date: 20. juni 2025

Your name: Lene Holmvang

Manuscript title: Kateterbaseret behandling til patienter med akut lungeemboli.

Manuscript number (if known):

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Boston Scientific	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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**Date:** Klik eller tryk for at angive en dato.

**Your name:** Mads Ersbøll

**Manuscript title:** Kateterbaseret behandling til patienter med akut lungeemboli.

**Manuscript number** (if known):

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Alnylam Pharma	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Alnylam Pharma	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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**Date:** 28. juni 2025

**Your name:** Mikkel Vester Hougaard

**Manuscript title:** Kateterbaseret behandling til patienter med akut lungeemboli.

**Manuscript number (if known):**

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*Mikkel Hougaard*

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Date: 3. juli 2025

Your name: Martin Kirk Christensen

Manuscript title: Kateterbaseret behandling til patienter med akut lungeemboli.

Manuscript number (if known):

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# ICMJE DISCLOSURE FORM

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Date: 25. juni 2025

Your name: Rikke Sørensen

Manuscript title: Kateterbaseret behandling til patienter med akut lungeemboli.

Manuscript number (if known):

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		Institutional grant from Novo Nordisk fonden (not related to this work)	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		Endepunktskomite	Danblock - study
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Abbott	Coverage of congress fees and travel expenses
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		DSMB were sponsored by Novo Nordisk	The Artimes trial
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Date: 20. juni 2025

Your name: Asger Andersen

Manuscript title: Kateterbaseret behandling til patienter med akut lungeemboli.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		Inary Medical	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Phillips	Payment to me
		Janssen Cilag	Payment to me
		Gore Medical	Payment to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

☒ 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**

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