Dat	e: 13. december 2023		
You	r name: Lene Dahl Sigga	ard	
Mai	nuscript title: Remote	e screening accuracy of four	ear-nose-and-throat specialists in 501 prospective first-
time	hearing aid users		
Mai	nuscript number (if known)):	
are rethird comress and the following the fo	elated to the content of you parties whose interests manitment to transparency ar relationship/activity/interestionship questions apply to uscript only. Buthor's relationships/activities to the epidemiology of ypertensive medication, experienced when the content of the properties of the content of the particles of th	ur manuscript. "Related" ay be affected by the continuous not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should yen if that medication is not not the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None Non	
	in item #1 above).		
3	Royalties or licenses	None Non	

4	Consulting fees	None Non	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Datanta plannad issued as	. No so	
Ö	Patents planned, issued or pending		
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or navisory board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or advocacy group, paid or unpaid		
	1 * *		
11	Stock or stock options	None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests	LI TUTTO	

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Date	2: 13. december 2023		
You	r name: Henrik Jacobser	1	
Mar	nuscript title: Remote	e screening accuracy of four	ear-nose-and-throat specialists in 501 prospective first-
time	hearing aid users		
Mar	nuscript number (if known)):	
are rethird comress list a The femant antih	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interestionship questions apply to ascript only. Buthor's relationships/activities to the epidemiology of ypertensive medication, experienced and the particular of the second process.	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship ities/interests should be good 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.
	m #1 below, report all support		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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None	
			Click TAD in last rought add outre rough
T!	- 6		Click TAB in last row to add extra rows
lime	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses		
	•		

4	Consulting fees	None Non	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Datanta plannad issued as	. No so	
Ö	Patents planned, issued or pending		
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or navisory board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or advocacy group, paid or unpaid		
	1 * *		
11	Stock or stock options	None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests	LI TUTTO	

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Date	e: 13. december 2023		
You	r name: Dan Dupont Hou	ugaard	
Mar	nuscript title: Remote	e screening accuracy of four	ear-nose-and-throat specialists in 501 prospective first-
time	hearing aid users		
Mar	nuscript number (if known)):	
are rethird comrist a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency ar relationship/activity/interest following questions apply to uscript only. Buthor's relationships/activities to the epidemiology of ypertensive medication, experienced when the content of the properties of the content of the properties of the epidemiology of the particular of the epidemiology of	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should yen 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.
		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	
	No time limit for this		
	item.		
I		•	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	None Non	
	in item #1 above).		
3	Royalties or licenses	☑ None	

4	Consulting fees	None Non	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Datanta plannad issued as	. No so	
Ö	Patents planned, issued or pending		
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or navisory board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or advocacy group, paid or unpaid		
	1 * *		
11	Stock or stock options	None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests	LI TUTTO	

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Date	e: 13. december 2023		
You	r name : Morten Høgsbro		
Mar	nuscript title: Remote	e screening accuracy of four	ear-nose-and-throat specialists in 501 prospective first-
time	hearing aid users		
Mar	nuscript number (if known)):	
are rethird comress and the following the architecture and the control of the con	elated to the content of you parties whose interests manitment to transparency ar relationship/activity/interest following questions apply to uscript only. Buthor's relationships/activities to the epidemiology of ypertensive medication, experienced in the content of the particular of the epidemiology of the particular of the epidemiology of the particular of the epidemiology of the	ur manuscript. "Related" ay be affected by the continuous not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should yen if that medication is not not the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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.		Click TAD in lost sourte add outre record
Time	o frama, nast 3/ manths		Click TAB in last row to add extra rows
Hime	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses		
	,		

4	Consulting fees	None Non	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Datanta plannad issued as	. No so	
Ö	Patents planned, issued or pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or navisory board		
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or advocacy group, paid or unpaid		
	1 * *		
11	Stock or stock options	None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests	LI TUTTO	

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