Date			
	e : 12. august 2023		
You	r name: Emma Tubæk N	lielsen	
Mai	nuscript title: Intrakr	anielle Ventrikulære Shunts	og Dysfunktion
Mai	nuscript number (if known):	
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	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of typertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
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Time	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	needed) ning of the work None	
Time 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).	needed) ning of the work 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

🛛 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

Dat	e : 17. august 2023		
	Ir name: Sune Munthe		
		anielle Ventrikulære Shunts	og Dyefunktion
	•		og Dystutiktion
IVIAI	nuscript number (if known)):	
are re third comr list a	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 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
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perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is no	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.
011101	rtoms, the time traine for	disclosure is the past of i	norm.
		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		
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2	Grants or contracts from any entity (if not indicated	None Non	
	in item #1 above).		
3	Royalties or licenses	None Non	
5	Royalties of ficerises	M MOHE	

4	Consulting fees	None Non
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None Non
	educational events	
6	Payment for expert	None Non
	testimony	
7	Support for attending	None
	meetings and/or travel	
8	Datants planned issued or	Name
0	Patents planned, issued or pending	⊠ None
	p o	
9	Participation on a Data Safety Monitoring Board	None Non
	or Advisory Board	
	5. 7. a.v. 65. y 25 a. a	
10	Leadership or fiduciary	None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
	<u> </u>	
11	Stock or stock options	
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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 17. august 2023		
You	r name: Mikkel Schou Ar	ndersen	
Mai	nuscript title: Intrakr	anielle Ventrikulære Shunts	og Dysfunktion
Mai	nuscript number (if known):	
are ro third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript I 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)
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 Non	
	No time limit for this item.		
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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		
J	Royalties of licerises	⊠ 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	⊠ None
	meetings and/or travel	
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None □
10		
10	Leadership or fiduciary role in other board,	⊠ None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Possint of aguinment	None .
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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Date	e: 17. august 2023		
You	r name: Mathias Just No	rtvig	
Mar	nuscript title: Intrakr	anielle Ventrikulære Shunts	og Dysfunktion
Mar	nuscript number (if known)):	
are re third comr list a The fe	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	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. Discretivities/interests as they relate to the current
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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.)	⊠ None	
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Time	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		
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4	Consulting fees	None Non
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None Non
	educational events	
6	Payment for expert	None Non
	testimony	
7	Support for attending	None
	meetings and/or travel	
8	Datants planned issued or	Name
0	Patents planned, issued or pending	⊠ None
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9	Participation on a Data Safety Monitoring Board	None Non
	or Advisory Board	
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10	Leadership or fiduciary	None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
	<u> </u>	
11	Stock or stock options	
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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Dat	e : 17. august 2023		
	Ir name: Frantz Rom Pou	loop	
			an Durf wilden
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IVIai	nuscript number (if known)):	
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The a perta antih In ite	author's relationships/activ hins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported	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.
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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 lectures, presentations, speakers bureaus, manuscript writing or	None Non
	educational events	
6	Payment for expert	None Non
	testimony	
7	Support for attending	None
	meetings and/or travel	
8	Datants planned issued or	Name
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9	Participation on a Data Safety Monitoring Board	None Non
	or Advisory Board	
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10	Leadership or fiduciary	None
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
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11	Stock or stock options	
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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Date	e: 17. august 2023		
You	r name: Christian Bonde		
Mar	nuscript title: Intrakr	anielle Ventrikulære Shunts	og Dysfunktion
	nuscript number (if known)		
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	uscript only.		sor as times of interests as they relate to the garren.
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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 Non
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