ICMJE DISCLOSURE FORM

Dat	e: 28. august 2023			
You	r name: Peter Leutscher			
	Manuscript title: Cannabismedicin til lindring af kroniske smerter ud fra en klinisk evidensbaseret perspektivering			
Mai	nuscript number (if known):		
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven 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 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			
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	⊠ None		
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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	None Non		

4	Consulting fees	☐ None	
		Consulting in Horsted Institute	Payment
5	Payment or honoraria for	☐ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Cannabis medicine CME course - Danish Medical Association (organizing and lecturing)	Honoraria in accordance with DMA standard
6	Payment for expert testimony		
7	Support for attending		
	meetings and/or travel		
8	Patents planned, issued or pending		
	pending		
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9	Participation on a Data Safety Monitoring Board		I
	or Advisory Board		
10	Loodorship or fiduoism	57 N	
10	Leadership or fiduciary role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,		
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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Date	e: 28. august 2023		
You	r name: Merete Peterser	1	
	nuscript title: Cannab pektivering	oismedicin til lindring af kror	iske smerter ud fra en klinisk evidensbaseret
Mar	nuscript number (if known):	
are re third comr list a	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	
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	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	
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	No time limit for this		
	item.		
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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		

4	Consulting fees	☐ None		
		Consulting in Horsted Institute	Payment	
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Cannabis medicine CME course - Danish Medical Association (organizing and lecturing)	Honoraria in accordance with DMA standard	
6	Payment for expert	None Non		
	testimony			
			1	
7	Support for attending meetings and/or travel			
	meetings and/or traver			
8	Patents planned, issued or			
O	pending	△ None		
9	Participation on a Data	☑ None		
	Safety Monitoring Board or Advisory Board			
	or riarioury boar a			
10	Leadership or fiduciary role in other board, society, committee or			
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	None Non		
12	Receipt of equipment,			
	materials, drugs, medical writing, gifts or other services			
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Date	e: 28. august 2023		
You	r name: Mia Jessen		
	nuscript title: Cannab pektivering	oismedicin til lindring af kror	iiske smerter ud fra en klinisk evidensbaseret
Mar	nuscript number (if known):	
are re third comr list a	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.
	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.
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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 plan	-	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
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Time	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
2	•	N	
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 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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