

ICMJE DISCLOSURE FORM

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Date: 23. august 2025

Your name: Michael Schønemann Rand

Manuscript title: Graviditets-og amingsassocieret osteoporose

Manuscript number (if known): UFL-08-24-0527

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.

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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 frame: Since the initial planning 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.	<input checked="" type="checkbox"/> None	

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Osteoporose Foreningen	Støttet med 250.000 til min PhD inden for den kliniske anvendelse af knoglemarkører indenfor osteoporose
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		OSAIA	Løn for at bidrage til udvikling af OSAIAs algoritmer inden for osteoporose behandling
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Amgen	Honorar for oplæg til kursus om knoglemarkører
		UCB	Honorar for oplæg til kursus om knoglemarkører
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 type="checkbox"/> None	
		OSAIA	Deltager i OSAIAs Advisory Board
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: 130825

Your name: Mille Kirk

Manuscript title: Graviditets-og amingsassocieret osteoporose

Manuscript number (if known): UFL-08-24-0527

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		PhD grant	Rigshospitalets Forskningspulje
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	
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Date: 13082025

Your name: Noor Alhoda El-Sharifi

Manuscript title: Graviditets-og amingsassocieret osteoporose

Manuscript number (if known): UFL-08-24-0527

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Date: 8. august 2025

Your name: Jens-Erik Beck Jensen

Manuscript title: Graviditets induceret osteoporose

Manuscript number (if known):

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Time frame: past 36 months

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		Amgen	Institutional grant
		Novo Nordic	Institutional grant
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 type="checkbox"/> None	
		Novo Nordic	Privat payment
		UCB	Privat payment
		GSK	Privat payment
		Amgen	Privat payment
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		UCB	Sumit meeting
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Amgen	Privat payment
		UCB	Privat payment
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