

# 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.

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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)
<b>Time frame: Since the initial planning of the work</b>		
1  <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	

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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"/> <b>None</b>	
		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"/> <b>None</b>	

4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		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"/> <b>None</b>	
		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"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		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"/> <b>None</b>	
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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# ICMJE DISCLOSURE FORM

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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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1  <b>No time limit for this item.</b>	<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	
		PhD grant	Rigshospitalets Forskningspulje
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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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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**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 checked="" type="checkbox"/> <b>None</b>		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>		
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>		
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>		
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## ICMJE DISCLOSURE FORM

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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

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		Amgen	Institutional grant
		Novo Nordic	Institutional grant
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
	Novo Nordic	Privat payment	
	UCB	Privat payment	
	GSK	Privat payment	
	Amgen	Privat payment	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
	UCB	Sumit meeting	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
	Amgen	Privat payment	
	UCB	Privat payment	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
11	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		Novo Nordic	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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