## **ICMJE DISCLOSURE FORM**

Dat	<b>e</b> : 31. august 2022		
You	ır name: Mélanie Bourliou	ux	
Ma	nuscript title: Smar	tphone app to screen i	ndividuals with symptoms of scabies
	nuscript number (if known		v 1
are r third comi list a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest	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.  Dis/activities/interests as they relate to the current
perta antih In ite	ains to the epidemiology of hypertensive medication, evaluation	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.
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4	Consulting fees	⊠ None			
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<b>⊠</b> None			
	manuscript writing or				
	educational events				
6	Payment for expert	<b>⊠</b> None			
	testimony				
-	6 16 11 12	<b>5</b>			
7	Support for attending	None			
	meetings and/or travel				
8	Datants planned issued or	NZ N			
٥	Patents planned, issued or pending	<b>⊠</b> None			
9	Participation on a Data Safety Monitoring Board	<b>⊠</b> None			
	or Advisory Board				
	or Advisory Board				
10	Leadership or fiduciary	<b>⊠</b> None			
	role in other board,				
	society, committee or advocacy group, paid or				
	unpaid				
11	Stock or stock options	None     Non			
12	Receipt of equipment,	⊠ None			
	materials, drugs, medical writing, gifts or other services				
13	Other financial or non-	<b>⊠</b> None			
	financial interests	E HOIC			
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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

## **ICMJE DISCLOSURE FORM**

Yo	ur name: Simon Francis	Thomsen	
Ma	anuscript title: Sma	rtphone app to screen	individuals with symptoms of scabies
	anuscript number (if know		J - A
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	following questions apply touscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>
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4	Consulting fees	□ None		
		Novartis	Advisory board	
		Pfizer	Advisory board	
		Sanofi	Advisory board	
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5	Payment or honoraria for	□ None		
3	lectures, presentations, speakers bureaus, manuscript writing or	Novartis	Lecture	
		LEO Pharma	Lecture	
		LEO Pilalilla	Lecture	
	educational events			
6	Payment for expert	<b>⊠</b> None		
	testimony			
7	Support for attending	Support for attending  None		
	meetings and/or travel	Novartis	EADV, GUF	
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8	Patents planned, issued or	<b>⊠</b> None		
	pending			
9	Participation on a Data	⊠ None		
9	Safety Monitoring Board	Z None		
	or Advisory Board			
10	Leadership or fiduciary	□ None		
	role in other board,	Chairman	Danish Dermatological Society	
	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	<b>⊠</b> None		
	SELVICES			
13	Other financial or non-	⊠ None		
	financial interests			

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# ICMJE DISCLOSURE FORM

Date	e: 24. februar 2021		
You	r name: Zarqa Ali		
Mar	nuscript title: Smarts	phone app to screen individu	als with symptoms of scabies
Mar	nuscript number (if known	):	
are re third comr list a The f	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.  Des/activities/interests as they relate to the current
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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	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	
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т: -			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 in item #1 above).	None	
3	Royalties or licenses		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ 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 None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non-financial interests	None

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