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Date: 30. august 2023	Date: 30. august 2023		
Your name: Mike Z	Your name: Mike Zangenberg		
Manuscript title: Leishmaniasis i Danmark			
Manuscript number (if known): Not known			

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 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	None Non	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
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Tim	Time frame: past 36 months			
2 Grants or contracts from ☒ None		None Non		
	any entity (if not indicated			
	in item #1 above).			
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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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Date	3		
You	r name: Marie Helleberg		
Mar	nuscript title: Leishm	naniasis i Danmark	
Mar	nuscript number (if known): Not known	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere following questions apply to	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. Dis/activities/interests as they relate to the current
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should wen if that medication is n 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.
		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.) No time limit for this	⊠ None	
	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 AstraZeneca	Payment to institution
3	Royalties or licenses		
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4	Consulting fees	None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	AstraZeneca	Personal payment
	speakers bureaus,	GSK	Personal payment
	manuscript writing or educational events	Gilead	Personal payment
	educational events	Leo Pharma	Personal payment
		Sanofi	Personal payment
6	Payment for expert	None	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	AdvancePharma	Registration for congress paid by the company
8	Patents planned, issued or	None Non	
	pending	□ None	
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9	Participation on a Data		
	Safety Monitoring Board or Advisory Board	AstraZeneca	Personal payment
	or Advisory Board	GSK	Personal payment
10 Leadership or fiduciary None			
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	■ None	
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12	Receipt of equipment, materials, drugs, medical	△ None	
	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		
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Date: 30. august 2023				
Your name: Christen Rune Stensvold				
Manuscript title: Leishmaniasis i Danmark				
Manuscript number (if known): Not known				
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Tim	Time frame: past 36 months			
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	any entity (if not indicated			
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3	Royalties or licenses	None Non		

4	Consulting fees	⊠ None
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6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
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Date: 30. august 2023			
Your name: Henrik Vedel Nielsen			
Manuscript title: Leishmaniasis i Danmark			
Manuscript number (if known): Not known			

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1 All s mar prov mat artic etc.	upport for the present nuscript (e.g., funding, vision of study erials, medical writing, cle processing charges,)	None	

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Time frame: past 36 months				
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	Payment for expert testimony	₩		
6		⊠ None		
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7	Support for attending meetings and/or travel	None Non		
8	Patents planned, issued or pending	None Non		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non		
	or navisory board			
10	Leadership or fiduciary	⊠ None		
	role in other board, society, committee or advocacy group, paid or unpaid			
11	11 Charles a shark antique 57 M			
11	Stock or stock options	None Non		
12	materials, drugs, medical writing, gifts or other services	⊠ None		
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