Dat	e : 18. september 2023		
You	r name: Pernille Kristians	sen	
Mai	nuscript title: Bronkoskopis	sk udredning af perifere lu	ungeinfiltrater
Mai	nuscript number (if known)):	
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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)
Tim	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	
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2	Grants or contracts from	None Non	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	M None	
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4	Consulting fees	None	
5	Payment or honoraria for	☐ None	
	lectures, presentations, speakers bureaus,		2021: Honorar fra boehringer-ingelheim
	manuscript writing or		2021: Honorar fra månedsskrift for almen
	educational events		praksis
6	Payment for expert	None Non	
	testimony		
7	Support for attending		
	meetings and/or travel		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board,	None Non	
	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- financial interests		
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



Dat	e: 19. september 2023		
You	r name: Søren Helbo Ska	aarup	
Mar	nuscript title: Bronko	skopisk udredning af perifer	e infiltrater
Mar	nuscript number (if known):	
are re third comr list a The f	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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Descriptions of the content o
The aperta	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 Specifications/Comments		
		whom you have this relationship or indicate none (add rows as needed)	(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	
			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 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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Date	e: 18. september 2023		
You	r name: RANA BIBI		
Mar	nuscript title: Bronkoskopi	isk udredning af perifere I	ungeinfiltrater
Mar	nuscript number (if known)):	
are re third comr	elated to the content of you parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	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.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all suppritems, 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	-	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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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	
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
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
13	Other financial or non- financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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	r name: Amanda Dandar		
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Mai	nuscript number (if known)):	
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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	None Non	
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3	Royalties or licenses	■ None	
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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 None
11	Stock or stock options	None Non
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	
13	Other financial or non- financial interests	None

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Date	e: 18. september 2023		
You	r name: Uffe Bødtger		
Mar	nuscript title: Bronko	skopisk udredning af perifer	e lungeinfiltrater
Mar	nuscript number (if known): n/a	
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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	Committee and another the force	E None	
2	Grants or contracts from any entity (if not indicated		

in item #1 above).

Royalties or licenses

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4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert	⊠ None
0	testimony	None
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
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8	Patents planned, issued or pending	⊠ None
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9	Participation on a Data	⊠ None
7	Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	None Non
	materials, drugs, medical writing, gifts or other	
	services	
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13	Other financial or non- financial interests	⊠ None
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Det			
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	r name: Arman Arshad		
	•	skopisk udredning af perifer	e infiltrater
Mai	nuscript number (if known):	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	
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4	Consulting fees	□ None		
		AMBU A / S	External consultant. Private payments	
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 Non		
8	Patents planned, issued or pending	None Non		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non		
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 Non		

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