Dat	<b>e</b> : 25. september 2023		
You	r name: Anders Løkke		
Mai	nuscript title: Lungeii	nfektioner med nontuberkul	øse mykobakterier
	nuscript number (if known)		
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mane	asonipt 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	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.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None     Non	

4	Consulting fees	None     Non	
5	Payment or honoraria for	None     Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert		
0	testimony	None	
	, and the second		
7	Support for attending	None     Non	
,	meetings and/or travel	Z None	
8	Patents planned, issued or		
	pending	Z None	
9	Participation on a Data	None     Non	
	Safety Monitoring Board or Advisory Board		
	OF AUVISORY BOARD		
10	Leadership or fiduciary	None     Non	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
11	Stock of Stock Options	□ NOHE	
12	Receipt of equipment,		
	materials, drugs, medical	EN NOTIC	
	writing, gifts or other		
	services		· ·
13	Other financial or non-	☑ None	
	financial interests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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Dat	e: 14. september 2023	_	
You	Ir name:Andreas Arnholdt Ped	dersen	
Ma	nuscript title: Lungeir	nfektioner med nontuberkul	øse mykobakterier
Ma	nuscript number (if known)	):	
In the are r third committee a third a	e interest of transparency, elated to the content of you parties whose interests maintenent to transparency ar relationship/activity/interestionship/activity/interestionship questions apply to uscript only.  author's relationships/activity ains to the epidemiology of hypertensive medication, experienced to the content of the epidemiology of the properties of the epidemiology of the e	we ask you to disclose all ur manuscript. "Related" ay be affected by the conducted does not necessarily in est, it is preferable that you the author's relationship vities/interests should be given if that medication is not port for the work reported.	ps/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript.  d in this manuscript without time limit. For all
othe	r items, the time frame for	disclosure is the past 36 i	months.
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Tim	e frame: Since the initial plan  All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	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
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Tim 1	e frame: Since the initial plan  All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	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)
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Tim 1	e frame: Since the initial plan 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.  e frame: past 36 months  Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Ining of the work  None  None  Region of Southern Denmark A.P.Møller foundation	Specifications/Comments (e.g., if payments were made to you or to your institution)  Click TAB in last row to add extra rows  Ph.D-scholarship  Ph.D. financing

Royalties or licenses

3

■ None

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	□ None	
,	Safety Monitoring Board or Advisory Board	Nordic Infucare	Provides ARIKAYCE in the Nordics on behalf of INSMED.
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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Dat	0. 45		
	r name: Victor Næstholt		
		nfektioner med nontuberkulø	øse mykobakterier
Mai	nuscript number (if known)	):	
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	needed) ning of the work	
1	All support for the present	⊠ None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
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Tim	e frame: past 36 months		
	e traine. past 30 months		
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
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     Non	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	Medlem af advisory board for Nordic Infucare Denmark som distribuerer ARIKAYCE® (amikacin liposome inhalation suspension) for Insmed.
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     Non	

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



Date	<b>2</b> : 26. september 2023		
You	r name: Ole Hilberg		
Mar	nuscript title: Lungeir	nfektioner med nontuberkulø	øse mykobakterier - et stigende problem
Mar	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)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present	None     Non	
	manuscript (e.g., funding,		
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Time	e frame: past 36 months		
2	Grants or contracts from	None     Non	
_	any entity (if not indicated	M INOTIC	
	in item #1 above).		
2	Douglties or licenses	NA Name	
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 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

Dat	<b>e</b> : 24. februar 2021		
You	r name: Andreas Fløe	Hvass	
Mai	nuscript title: Lungei	nfektioner med nontuberk	uløse mykobakterier - et stigende problem
Mai	nuscript number (if known	):	
are ro third comr list a The f	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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  Os/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of sypertensive medication, ev	hypertension, you should yen 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)
Tim	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
2	Grants or contracts from any entity (if not indicated	⊠ None	
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	any entity (if not indicated in item #1 above).		
3	any entity (if not indicated	None     None     None     None	

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

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