Dat	e : 28. september 2023		
You	r name: Ditte Georgina 2	Zhang	
Mai	nuscript title: Experiences wit	h pre-graduate research years:	a survey of 437 Danish medical students and doctors
Mai	nuscript number (if known)):	
are ro 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 contact 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. ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is no 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
Otrici	i items, the time frame for	disclosure is the past 30 i	HOHUIS.
		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses	M None	
3	Royalties of 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 testimony				
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None Non			
	pending				
9	Participation on a Data	None Non			
	Safety Monitoring Board				
	or Advisory Board				
10	Leadership or fiduciary	None Non			
	role in other board,				
	society, committee or				
	advocacy group, paid or unpaid				
	- 1				
11	Stock or stock options	None Non			
12	Receipt of equipment,	None Non			
	materials, drugs, medical				
	writing, gifts or other services				
	501 #1003				
13	Other financial or non-	None Non			
	financial interests				

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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Dat	·		
	r name: Jawad Ahmad Z		
Mai	nuscript title: Experiences wit	h pre-graduate research years:	a survey of 437 Danish medical students and doctors
Mai	nuscript number (if known):	
are ro 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. Des/activities/interests as they relate to the current
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	m #1 below, report all sup r items, the time frame for	•	d in this manuscript without time limit. For all months.
		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)
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	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding,	None Non	
	provision of study		
	materials, medical writing, article processing charges,		
	etc.)		
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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 testimony				
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None Non			
	pending				
9	Participation on a Data	None Non			
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	or Advisory Board				
10	Leadership or fiduciary	None Non			
	role in other board,				
	society, committee or				
	advocacy group, paid or unpaid				
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11	Stock or stock options	None Non			
12	Receipt of equipment,	None Non			
	materials, drugs, medical				
	writing, gifts or other services				
	501 #1003				
13	Other financial or non-	None Non			
	financial interests				

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Date	e: 28. september 2023		
You	r name: Noor Al-Huda H	adi	
Mar	nuscript title: Experiences wit	h pre-graduate research years:	a survey of 437 Danish medical students and doctors
	nuscript number (if known		•
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otnei	items, the time name for	disclosure is the past so i	HOHUIS.
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
Time	e frame: Since the initial plan	needed)	
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	needed) ning of the work	
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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.	needed) ning of the work	Click TAB in last row to add extra rows
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	needed) ning of the work	Click TAB in last row to add extra rows
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.	needed) ning of the work	Click TAB in last row to add extra rows
Time	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. Grants or contracts from any entity (if not indicated	needed) ning of the work None	Click TAB in last row to add extra rows
Time	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	needed) ning of the work None	Click TAB in last row to add extra rows
Time	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. Grants or contracts from any entity (if not indicated in item #1 above).	needed) Ining of the work None None	Click TAB in last row to add extra rows
Time 2	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. Grants or contracts from any entity (if not indicated	needed) ning of the work None	Click TAB in last row to add extra rows

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 testimony				
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None Non			
	pending				
9	Participation on a Data	None Non			
	Safety Monitoring Board				
	or Advisory Board				
10	Leadership or fiduciary				
	role in other board,				
	society, committee or				
	advocacy group, paid or unpaid				
	- 1				
11	Stock or stock options	None Non			
12	Receipt of equipment,	None Non			
	materials, drugs, medical				
	writing, gifts or other services				
	501 #1003				
13	Other financial or non-	None Non			
	financial interests				

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Date	e : 13. september 2023		
	Ir name: Simon Francis T	homoon	
			A survey of 427 Daylish and the later dayle
	<u> </u>	i	earch years: A survey of 437 Danish medical students
Mai	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. Os/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is no 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.
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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		
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	Cronto on sentuarity form	□ None	
2	Grants or contracts from any entity (if not indicated	☐ None Grants	Novartis, UCB
	in item #1 above).	Cranto	1.070.10,000
3	Royalties or licenses		
	,	_ 110110	

4	Consulting fees	□ None		
		Consulting	UNION therapeutics	
5	Payment or honoraria for	☐ None		
	lectures, presentations,	Lectures	Novartis	
	speakers bureaus,	Loctures	Trovartio	
	manuscript writing or			
	educational events			
6	Payment for expert	⊠ None		
0	testimony	△ None		
7	Support for attending	□ None		
	meetings and/or travel	EADV, GUF	Novartis, Sanofi	
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board	Advisory board	Novartis, UCB, Sanofi, LEO Pharma, UNION	
	or Advisory Board	, riarico, j zoa, a	therapeutics, Almirall	
10	Leadership or fiduciary	□ None		
10	role in other board,	President	Danish Dermatological Society	
	society, committee or	Tresident	Danish Bermatological society	
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	M None		
11	Stock of Stock Options			
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12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	None Non		

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