Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date	e : 28. februar 2021			
You	r name : Nikolaj Brix Har	nsen		
Manuscript title: Telemedicinske løsninger til KOL-patienrer				
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)	
Time	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		
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Time	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated	None		

in item #1 above).

Royalties or licenses

⊠ None

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus, manuscript writing or		
	educational events		
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6	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending meetings and/or travel	⊠ None	
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8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board or Advisory Board		
	or Advisory Bodia		
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	
	materials, drugs, medical writing, gifts or other services		· · · · · · · · · · · · · · · · · · ·
13	Other financial or non-	⊠ None	
	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

Dat	e : 27. september 2023		
You	r name: Rikke Bækkely S	Sass Mathiesen	
Mai	nuscript title: Brug af telem	nedicinske løsninger hos p	patienter med Kronisk Obstruktiv Lungesygdom
Mai	nuscript number (if known)):	
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4	Consulting fees	None Non	
5	Payment or honoraria for	None Non	
3	lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	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		
	or Advisory Board		
10	Leadership or fiduciary	None Non	
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12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None Non	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 27-09-2023			
You	r name: Astrid Baumann	Olesen		
Mai	nuscript title; Brug af teler	medicinske løsninger hos p	patienter med kronisk obstruktiv lungesygdom	
Mai	nuscript number (if known)	:		
are thir com list	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> .			
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Emil Baumann Teg

X 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

Date	e: 23. september 2023	-	
You	r name: Sabine Miche	sen Raunbak	
Mar	nuscript title: Brug	af telemedicinske løsninger l	nos patienter med Kronisk Obstruktiv Lungesygdom
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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	⊠ 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 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

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

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Your name: Ulla Moller Weinreich Manuscript title: Telemedicinske løsninger til KOL-patienrer Manuscript number (if known): In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only. The author's relationships/activities/interests should be defined broadly. 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. Specifications/Comments (e.g., if payments were made to you or to your institution) Imanuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None No time limit for this item. None Click TAB in last row to add extra rows Time frame: past 36 months	Date	e: 28. februar 2021				
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4 Consulting fees None			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None presentations	AstraZeneca, Chiesi, TEVA, GSK, Fisher&Paykel, ResMed
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	□ None	Chiesi
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		Astra Zeneca, Chiesi, TEVA, GSK
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Chairman	Danish Respiratory Society, Lungeforeningens Fond
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	
	inianciai interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 4. oktober 2023		
You	r name : Marie Dam Laur	idsen	
	nuscript title: Telen		indenfor lungemedicin
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.
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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	

4	Consulting fees	■ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel	Z Nono	
8	Patents planned, issued or	None Non	
	pending	Z None	
9	Participation on a Data	None Non	
	Safety Monitoring Board	Z NONO	
	or Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board,	Z NONO	
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