Date	e: 24. februar 2021		
You	r name: Jonas Sølgaard	Sørensen	
Mar	nuscript title: Hjemm	nebehandling med non-invas	ive respirationsstøttende modaliteter til kronisk
Mar	nuscript number (if known):	
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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
Time	e frame: Since the initial plan	none (add rows as needed)	
Time	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed)	
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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 any entity (if not indicated	none (add rows as needed) uning of the work None	institution)
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).	none (add rows as needed) ining of the work None	institution)

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

 $oxed{\boxtimes}$ 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: 22. september 2023			
You	r name: Helene Møller Fr	rost		
Manuscript title: Hjemmebehandling med non-invasive respirationsstøttende				
Mar	Manuscript number (if known):			
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	onowing questions apply to <u>iscript only</u> .	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
perta antih In ite	ins to the epidemiology of ypertensive 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)	
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

Dat	28. september 2023		
You	ır name: Ulla Møller Weir	nreich	
Mai	nuscript title: Hjem	mebehandling med no	on-invasive respirationsstøtte til kronisk
Mai	nuscript number (if known):	-
are re third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the connot 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.
	following questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	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 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)
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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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	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	None	Click TAB in last row to add extra rows
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4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None honoratia	Astra Zeneca, GSK, Chiesi, TEVA, Fisher Paykel, ResMed, Pfizer
6	Payment for expert	□ None	
	testimony		Astra Zeneca, Chiesi, TEVA
7	Support for attending	☐ None	
	meetings and/or travel		Chiesi
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	Astra Zeneca, GSK
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	Chairman Danish Respiratory Society Head of Lungeforeningens Foundation
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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 28. september 2023		
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perta antih In ite	nins to the epidemiology of ypertensive 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)
Time	e frame: Since the initial plan		
1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
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HIM	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	
		Resmed	Workshop telehealth platform for home treatment
5	Payment or honoraria for lectures, presentations,	□ None	
	speakers bureaus, manuscript writing or	GSK, Resmed, Fisher & Paykel	Lectures/presentations on Home High Flow and home NIV treatment
	educational events		
6	Payment for expert testimony	None Non	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	Resmed	Travel Expenses ERS Milan 2023
		Air Liquide	Travel Expenses ERS Barcelona 2022
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	⊠ None	
,	Safety Monitoring Board	□ None	1
	or Advisory Board		
10	Leadership or fiduciary role in other board,		T
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
' '	otook of stook options	Z None	
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	writing, gifts or other		
	services		
12	Other financial as non	57 N	
13	Other financial or non- financial interests		
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☑ 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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