ır name: Torben Jø	ørgensen	
nuscript title: Foreby	ggelse af hjertekarsygdomm	ne – en epidemiologisk succeshistorie
nuscript number (if known):	
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9	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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	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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	nuscript number (if known e interest of transparency, elated to the content of yo parties whose interests m mitment to transparency a relationship/activity/intere following questions apply to uscript only. author's relationships/activ ains to the epidemiology of hypertensive medication, even	nuscript number (if known): e interest of transparency, we ask you to disclose all elated to the content of your manuscript. "Related" parties whose interests may be affected by the content mitment to transparency and does not necessarily in relationship/activity/interest, it is preferable that your following questions apply to the author's relationship uscript only. Buthor's relationships/activities/interests should be going to the epidemiology of hypertension, you should any pertensive medication, even if that medication is not make the properties of the past 36 relations, the time frame for disclosure is the past 36 relations.

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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 26.08.2024		
You	I r name : Charlotta Pising	er	
Mai	nuscript title: Foreby	ggelse af hjertekarsygdomm	ne – en epidemiologisk succeshistorie
Mai	nuscript number (if known):	
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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 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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	article processing charges,		
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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
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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Dat	e: 27th of August, 2024		
You	r name: Mette Aadahl		
Mai	nuscript title: Foreby	ggelse af hjertekarsygdomm	ne – en epidemiologisk succeshistorie
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)
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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	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
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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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Date	e: 7. september 2024		
You	r name: Ulla Toft		
Mar	nuscript title: Foreby	ggelse af hjertekarsygdomm	ne – en epidemiologisk succeshistorie
Mar	nuscript number (if known):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the conf 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>
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	m #1 below, report all sup items, the time frame for	•	d in this manuscript without time limit. For all months.
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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.)	None	
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Time	e frame: past 36 months		
2	Grants or contracts from	□ None	
2	any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	☐ None	
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4	Consulting fees	None Non	
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	speakers bureaus,		
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	educational events		
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7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
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9	Participation on a Data Safety Monitoring Board	□ None	
	or Advisory Board		Jeg er en del af en række advisory boards for forsknings- og udviklingsprojekter. Alle er ulønnet.
	or riavisory board		Torskrilligs- og udviklingsprojekter. Alle er ulønhet.
10	Leadership or fiduciary	☐ None	
	role in other board,		Jeg indgår i Hjerteforeningens forskningsudvalg og
	society, committee or advocacy group, paid or		bedømmer hvert år ansøgninger til
	unpaid		Hjerteforeningen. For denne opgave får jeg et honorar på 20.000 kr.
	ap.aa		Derudover indgår jeg som bedømmer i Kræftens
			Bekæmpelses nye initiativ, Prevention Lab.
			Jeg har desuden bidraget til at bedømme
			ansøgninger til et nyt svensk MRC forskningscenter
			finansieret af Swedish Foundation for Strategic
			Research. Honoraret for dette er ca. 25.000 kr.
			(endnu ikke udbetalt)
4.4			
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
13	financial interests		

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Dat	e : August 23, 2024		
You	r name: Line Lund Kårhu	JS	
Mai	nuscript title: Foreby	ggelse af hjertekarsygdomm	ne – en epidemiologisk succeshistorie
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)
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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 Non	
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
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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Date	e : 26-08-2024		
You	r name: Allan Linneberg		
Mar	nuscript title: Foreby	ggelse af hjertekarsygdomm	ne – en epidemiologisk succeshistorie
Mar	nuscript number (if known):	
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven 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 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 Non	
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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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