Name   September 2024				
Manuscript title: Behandlingsresistent dermatorytose breder sig  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.    Name all entities with whom you have this relationship or indicate noded rows as needed.	Dat	<b>e</b> : 29. september 2024		
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.    Name all entities with whom you have this relationship or indicate none (add rows as needed)    Name all entities with whom you have this relationship or indicate none (add rows as needed)    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.	You	r name: Maria Blomberg		
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.    Name all entities with whom you have this relationship or indicate none (add rows as needed)   Time frame: Since the initial planning of the work    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.   Click TAB in last row to add extra rows time frame: past 36 months    Click TAB in last row to add extra rows time frame: past 36 months	Maı	nuscript title: Behand	dlingsresistent dermatofytos	e breder sig
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4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
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6	Payment for expert	⊠ None
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7	Support for attending	⊠ None
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8	Patents planned, issued or pending	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
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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	
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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date: 23. september 2024				
Your name: Ditte Marie Lindhardt Saunte				
Mar	nuscript title: Behar	ndlingsresistent derma	tofytose breder sig	
Mar	nuscript number (if known)	:		
are third com	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.			
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5	Payment or honoraria for	□ None	
	lectures, presentations,	Novartis	Lecture
	speakers bureaus,	UCB	Lecture
	manuscript writing or	Jamjoom	Lecture
	educational events	Leopharma	Lecture
	Dowmant for ayport	No.	
6	Payment for expert testimony	None     Non	
	testimony		
7	Support for attending	☐ None	
	meetings and/or travel	Pfizer, Novartis	
		LeoPharma	
8	Patents planned, issued or	None     Non	
	pending	KA MONIC	
	1 3		
9	Participation on a Data	☐ None	
	Safety Monitoring Board or	Jansen, Sanofi, Novartis,	
	Advisory Board	UCB	
10	Leadership or fiduciary role	☐ None	
	in other board, society,		Professor University of Copenhagen, Dermatology
	committee or advocacy		Course Organizer, Institute of Clinical Medicine,
	group, paid or unpaid		University of Copenhagen
			Associate Editor Dermatology, section Editor JEADV
			Chair of Danish Dermatology Society guideline
			committe of superficial fungal infections and hidradenitis suppurativa
			Chair EADV Mycology Task Force
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11	Stock or stock options	None     Non	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial as see	□ N	
13	Other financial or non- financial interests	□ None	Malanas Diagrama
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ICMJE Disclosure Form (Feb2023): http://icmje.org	Ugeskrift for Læger / Danish Medical Journal	Page 3 of 3		

Dat	e: 20. september 2024		
You	I <b>r name</b> : Karen Marie Thy	yssen Astvad	
Ma	nuscript title: Behand	dlingsresistent dermatofytos	e breder sig
Ma	nuscript number (if known)	):	
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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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 22. september 2024		
	r name: Pernille Lindsø A	Andersen	
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	m #1 below, report all suppritems, 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)
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     Non	
7	Support for attending meetings and/or travel	□ None Almirall AbbVie	ImmunoSkin 2023 & Skin Academy 2024 EADV 2022
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     Non	
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

Dat	Date: 22. september 2024			
You	Your name: Marianne Hald			
Maı	nuscript title: Behar	ndlingsresistent derma	tofytose breder sig	
Mai	nuscript number (if known)	:		
are thire com	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.			
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	any entity (if not indicated in item #1 above).			
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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     Non
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None     Non
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Leopharma
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 None
13	Other financial or non-financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 24. september 2024		
You	r name: Stine Maria Lune	d Andersen	
Mai	nuscript title: Behand	dlingsresistent dermatofytos	e breder sig
Mai	nuscript number (if known	):	
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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	<b>⊠</b> None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	<b>☑</b> None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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6	Payment for expert	<b>⊠</b> None	
	testimony	△ None	
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7	Support for attending	□ None	
	meetings and/or travel	UCB	EADV
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8	Patents planned, issued or	<b>☑</b> None	
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9	Participation on a Data	<b>⊠</b> None	
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10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>⊠</b> None	
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12	Receipt of equipment, materials, drugs, medical	<b>⊠</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-financial interests	<b>⊠</b> None	
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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 23. september 2024			
Your name: Morten Bue Svendsen				
Mai	Manuscript title: Behandlingsresistent dermatofytose breder sig			
Mai	Manuscript 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</u>			
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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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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 Pfizer	EADV
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None UCB	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	Unpaid: Dansk Dermatologisk Selskabs svampeudvalg og Dansk Dermatologisk Selskabs hidrosadenitis udvalg
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	⊠ None	

 $\boxtimes$  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: 23. september 2024				
Your name: Mattias Henning				
Mai	Manuscript title: Behandlingsresistent dermatofytose breder sig			
Maı	Manuscript number (if known):			
are thire com	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> .			
pert	The author's relationships/activities/interests should be <u>defined broadly</u> . 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.				
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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 None
13	Other financial or non- financial interests	None

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