

# ICMJE DISCLOSURE FORM

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Date: 26. oktober 2022

Your name: Marit Eika Jørgensen

Manuscript title: Patient referrals from Greenland to the Danish National University Hospital –

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.

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## Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Boehringer Ingelheim	Research Grant
		Novo Nordisk AS	Research Grant
		Sanofi Aventis	Research Grant
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		German Diabetes Research Center	Advisory board member, paid position
		Danish Diabetes Database	Consultant, paid position
11	Stock or stock options	<input type="checkbox"/> None	
		Novo Nordisk AS	Stock holder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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# ICMJE DISCLOSURE FORM

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**Date:** 21. oktober 2022

**Your name:** Michael Lynge Pedersen

**Manuscript title:** Patient referrals from Greenland to the Danish National University Hospital –

**Manuscript number (if known):**

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Danish Greenlandic Society for Circumpolar Health	President, unpaid position
		International Union for Circumpolar Health	Past president, unpaid position
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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**Date:** 27. oktober 2022

**Your name:** Johan Skov Bundgaard

**Manuscript title:** Patient referrals from Greenland to the Danish National University Hospital –

**Manuscript number (if known):**

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Date: 24. oktober 2022

Your name: Julie Voss

Manuscript title: Patient referrals from Greenland to the Danish National University Hospital –

Manuscript number (if known):

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**Date:** 21. oktober 2022

**Your name:** Anders Koch

**Manuscript title:** Patient referrals from Greenland to the Danish National University Hospital –

**Manuscript number (if known):**

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Date: 24. oktober 2022

Your name: Amalie Pedersen

Manuscript title: Patient referrals from Greenland to the Danish National University Hospital –

Manuscript number (if known):

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**Date:** 21. oktober 2022

**Your name:** Henning Bundgaard

**Manuscript title:** Patient referrals from Greenland to the Danish National University Hospital –

**Manuscript number (if known):**

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Date: 21. oktober 2022

Your name: Gert Mulvad

Manuscript title: Patient referrals from Greenland to the Danish National University Hospital -

Manuscript number (if known):

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**Date:** 27. oktober 2022

**Your name:** Uka W. Geisler

**Manuscript title:** Patient referrals from Greenland to the Danish National University Hospital –

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