Dat	e : 6. oktober 2023				
Υοι	Your name: Lone Storgaard				
Ma	Manuscript title: Profylaktisk progesteron og præterm fødsel				
Ma	Manuscript number (if known):				
are thir con	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.				
	following questions apply t nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>		
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	em #1 below, report all sup er 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)		
Tim	e frame: Since the initial plani				
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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TIM	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			

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

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

You	r name : Malene Mie Ca	aning			
Pro	Profylaktisk progesterone og præterm fødsel				
Mai	Manuscript number (if known):				
are third com list a	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 anti In it	tains to the epidemiology o hypertensive medication, e em #1 below, report all sup	f hypertension, you should even if that medication is no oport for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
othe	er items, the time frame for	r disclosure is the past 36 r	nonths.		
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5. oktober 2023

Date:

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None
	manuscript writing or educational events	
6	Payment for expert testimony	⊠ None
	cestimony	
7	Support for attending	⊠ None
	meetings and/or travel	2 None
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society,	⊠ None
	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	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 5. oktober 2023		
You	r name: Mette Hykkelbje	erg Christensen	
Mai	nuscript title: Profyla	ktisk progesteron og præter	m fødsel
Mai	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 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.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of hypertensive medication, ex	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 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)
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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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IIIni	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	

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	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	M None	
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
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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		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 6. oktober 2023				
You	Your name: Andreas Overby Ørsted				
Ma	Manuscript title: Profylaktisk progesteron og præterm fødsel				
Mai	Manuscript number (if known):				
are thir 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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	manuscript writing or educational events	
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7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
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9	Participation on a Data	⊠ None
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	committee or advocacy group, paid or unpaid	
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11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	M None
13	financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 7. oktober 2023			
You	r name: Caroline Ellersg	aard Madsen		
Mai	Manuscript title: Profylaktisk progesteron og præterm fødsel			
Mai	Manuscript number (if known):			
are third com list a	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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4	Consulting fees	⊠ None
5	lectures, presentations, speakers bureaus,	⊠ None
	manuscript writing or educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	⊠ None
	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, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	M None
13	financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 5. oktober 2023			
You	Your name: Line Engelbrechtsen			
Ma	Manuscript title: Profylaktisk progesterone og præterm fødsel			
Ma	nuscript number (if known)	:		
are thir con	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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	rem #1 below, report all sup er items, the time frame for	•	d in this manuscript without time limit. For all months.	
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
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4	Consulting fees	⊠ None
5	lectures, presentations, speakers bureaus,	⊠ None
	manuscript writing or educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	⊠ None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
	8. cap, para c. ampara	
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	M None
13	financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date: 5. oktober 2023			
Your name: Maria Birkvad Rasmussen			
Mai	Manuscript title: Profylaktisk progesteron og præterm fødsel		
Mai	nuscript number (if know	'n):	
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.			
	following questions applants only.	y to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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.			
		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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	No time limit for this iten	n.	
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Time frame: past 36 months			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
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	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board or	⊠ None	
		23 None	
	Advisory Board		
10	Leadership or fiduciary role	⊠ None	
	in other board, society, committee or advocacy group, paid or unpaid	Z 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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 6. oktober 2023		
You	ır name: Mette Hanse	n Viuff	
Ma	nuscript title: Profy	ylaktisk progesteron	og præterm fødsel
	nuscript number (if known	• • •	- 2
are thir com list	related to the content of y d parties whose interests n nmitment to transparency a a relationship/activity/inte	our manuscript. "Related' nay be affected by the cor and does not necessarily i rest, it is preferable that y	Il relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ot the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so. ips/activities/interests as they relate to the current
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.			
		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)
Tim	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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Tim	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	

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 □

 $oxed{\boxtimes}$ 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: 9. oktober 2023				
Your name: Jeannet Lauenborg				
Mai	Manuscript title: Profylaktisk progesteron og prætern fødsel			
Mai	nuscript 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.				
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
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.				
		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		
	No time limit for this item.			
	Click TAB in last row to add extra rows			
Time	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated	None		
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3	Royalties or licenses	None Non		

4	Consulting fees	None	
	3		
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None Non	
	manuscript writing or		
	educational events		
,			
6	Payment for expert	None	
	testimony		
7	Support for attending	None.	
/	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Notice	
	perialing		
9	Participation on a Data	None Non	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None Non	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock ontions	M Name	
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
12		EN MONE	
13	Other financial or non- financial interests	None Non	

 \boxtimes 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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