Dat	<b>e</b> : 30. oktober 2023		
You	ır name: Maria Færch Ar	ndersen	
Ma	nuscript title: Virknir	nger og bivirkninger ved lav-	dosis acetylsalicylsyre til forebyggelse af præeklampsi
Mai	<b>nuscript number</b> (if knowr	n): UFL-06-23-0356	
are re third comr	elated to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the conduction of 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 tuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	em #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)
Tim	e frame: Since the initial plan	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	
	No time limit for this item.		
			Click TAB in last row to add extra rows
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	<b>⊠</b> None	

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	Z None
	speakers bureaus,	
	manuscript writing or	
	educational events	
	D	В
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
0	Datants planned issued or	
8	Patents planned, issued or	⊠ 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	
11	Stock or stock options	⊠ None
12	Possint of agreement	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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	<b>e</b> : 30. oktober 2023					
You	Your name: Charlotte Kvist Ekelund					
Mai	Manuscript title: Virkninger og bivirkninger ved lav-dosis acetylsalicylsyre til forebyggelse af præeklampsi					
Mai	nuscript number (if known	): UFL-06-23-0356				
are re third comr list a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interes	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	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.  Discriptions/interests as they relate to the current			
	uscript only.	o the dathor stellationship	earrent earlies as they relate to the earrent			
perta antih In ite	nins to the epidemiology of ypertensive medication, ex	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)			
	e frame: Since the initial plar					
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	e frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None				
3	Royalties or licenses	<b>⊠</b> None				

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	Z None
	speakers bureaus,	
	manuscript writing or	
	educational events	
	D	В
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
0	Datants planned issued or	
8	Patents planned, issued or	⊠ 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	
11	Stock or stock options	⊠ None
12	Possint of agreement	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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: 30. oktober 2023		
You	Ir name: Iben Louise Riis	hede Christiansen	
Ma	nuscript title: Virknir	nger og bivirkninger ved lav-	dosis acetylsalicylsyre til forebyggelse af præeklampsi
Ma	nuscript number (if known	): UFL-06-23-0356	
are r third comi	elated to the content of yo parties whose interests m	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.
	following questions apply tous cript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, every medication, every medication, every medication, every medication, every medication.	hypertension, you should wen 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)
Tim	e frame: Since the initial plar	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim 1	e frame: Since the initial plane.  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.	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	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
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)
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 item.	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)
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 item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work  None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	Z None
	speakers bureaus,	
	manuscript writing or	
	educational events	
	D	В
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
0	Datants planned issued or	
8	Patents planned, issued or	⊠ 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	
11	Stock or stock options	⊠ None
12	Possint of agreement	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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.

Date: 31. oktober 202	3			
Your name: Line Rode				
Manuscript title: Virkninger og bivirkninger ved lav-dosis acetylsalicylsyre til forebyggelse af præeklampsi				
Manuscript number (if known): UFL-06-23-0356				

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>.

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.

Time frame: Since the initial plan	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)
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.	⊠ None	

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months			
2	Grants or contracts from	☑ None		
	any entity (if not indicated			
	in item #1 above).			
	•			
3	Royalties or licenses	⊠ None		

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	Z None
	speakers bureaus,	
	manuscript writing or	
	educational events	
	Down out for own out	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	⊠ Notic
	pending	
		<u> </u>
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	
	unpalu	
11	Stock or stock options	⊠ None
12	Receipt of equipment	⊠ None
**	Receipt of equipment, materials, drugs, medical	ZA MONE
	writing, gifts or other	
	services	
		1
13	Other financial or non-	⊠ None
	financial interests	

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.

<b>Date</b> : 31.	oktober 2023				
Your name	Your name: Ann Tabor				
Manuscript title: Virkninger og bivirkninger ved lav-dosis acetylsalicylsyre til forebyggelse af præeklampsi					
Manuscript number (if known): UFL-06-23-0356					

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>.

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	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	
	item.		

Click TAB in last row to add extra rows

Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non		
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 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

🛛 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