

ICMJE DISCLOSURE FORM

Date: 10/13/2024

Your Name: Michelle Mistry Igbokwe

Manuscript Title: Hudsygdomme hos personer med mørk pigmenteret hud kan være en udfordring

Manuscript Number (if known): UFL-01-23-0049

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	<div>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.</div> <div><input checked="" type="checkbox"/> None</div> <div><table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table></div>						Click the tab key to add additional rows.	
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	<div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div><input checked="" type="checkbox"/> None</div> <div><table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>							
3	<div>Royalties or licenses</div> <div><input checked="" type="checkbox"/> None</div> <div><table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>							

		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)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

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

Date: 13. oktober 2024

Your name: Ditte Marie Lindhardt Saunte

Manuscript title: Hudsygdomme hos personer med mørk pigmenteret hud kan være en

Manuscript number (if known): UFL-01-23-0049

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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.	<input checked="" type="checkbox"/> None	

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).	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		Novartis	Lecture
		UCB	Lecture
		Jamjoom	Lecture
		Leopharma	Lecture
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Pfizer, Novartis	
		LeoPharma	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Jansen, Sanofi, Novartis, UCB	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
			Professor University of Copenhagen, Dermatology Course Organizer, Institute of Clinical Medicine, University of Copenhagen
			Associate Editor Dermatology, section Editor JEADV
			Chair of Danish Dermatology Society guideline committee of superficial fungal infections and hidradenitis suppurativa
			Chair EADV Mycology Task Force
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	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		PI	Moberg Pharma

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

☒ 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.

ICMJE DISCLOSURE FORM

Date: 10/13/2024

Your Name: Gregor Borut Ernst Jemec

Manuscript Title: Hudsygdomme hos personer med mørk pigmenteret hud kan være en udfordring

Manuscript Number (if known): UFL-01-23-0049

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	<div>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.</div> <div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.	
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	<div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
3	<div>Royalties or licenses</div> <div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

		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)																																
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="387 257 1532 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="387 481 1532 1008"> <tr><td>AbbVie</td><td></td></tr> <tr><td>Coloplast</td><td></td></tr> <tr><td>ChemoCentryx</td><td></td></tr> <tr><td>LEO Pharma</td><td></td></tr> <tr><td>LEO Foundation</td><td></td></tr> <tr><td>AFYX</td><td></td></tr> <tr><td>Incyte</td><td></td></tr> <tr><td>InflaRx</td><td></td></tr> <tr><td>Janssen-Cilag</td><td></td></tr> <tr><td>Novartis</td><td></td></tr> <tr><td>UCB</td><td></td></tr> <tr><td>CSL Behring</td><td></td></tr> <tr><td>Regeneron</td><td></td></tr> <tr><td>Sanofi</td><td></td></tr> <tr><td>Kymera</td><td></td></tr> <tr><td>Vielia Bio</td><td></td></tr> </table>		AbbVie		Coloplast		ChemoCentryx		LEO Pharma		LEO Foundation		AFYX		Incyte		InflaRx		Janssen-Cilag		Novartis		UCB		CSL Behring		Regeneron		Sanofi		Kymera		Vielia Bio	
AbbVie																																			
Coloplast																																			
ChemoCentryx																																			
LEO Pharma																																			
LEO Foundation																																			
AFYX																																			
Incyte																																			
InflaRx																																			
Janssen-Cilag																																			
Novartis																																			
UCB																																			
CSL Behring																																			
Regeneron																																			
Sanofi																																			
Kymera																																			
Vielia Bio																																			
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="387 1093 1532 1198"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="387 1310 1532 1415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="387 1527 1532 1632"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="387 1744 1532 1850"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None																																	

		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)
	society, committee or advocacy group, paid or unpaid	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			