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Date: 21. oktober 2024

Your name: Pelle Kahr Nilsson

Manuscript title: Dermatologisk laserbehandling: Medicinsk indikation for procedurer med lasere og energi-baseret udstyr

Manuscript number (if known):

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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)
Time frame: Since the initial planning of the work			
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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 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 checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	

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Date:	23-10-24
Your name:	Lene Hedelund
Manuscript title:	Dermatologisk laserbehandling: Medicinsk indikation for procedurer med lasere og energi-baseret udstyr
Manuscript number (if known):	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None x	
3	Royalties or licenses	None x	
4	Consulting fees	None x	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None x	
6	Payment for expert testimony	None x	
7	Support for attending meetings and/or travel	None x	
8	Patents planned, issued or pending	None x	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None x	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None x	
11	Stock or stock options	None x	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None x	
13	Other financial or non-financial interests	None x	

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Date: **28-10-2024** for at angive en dato.

Your name: **Marie Nørgård Bjørn**

Manuscript title: **Dermatologisk laserbehandling: Medicinsk indikation for procedurer med lasere og energi-baseret udstyr**

Manuscript number (if known):

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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	
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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 checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	

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Date: 1. oktober 2024

Your name: Merete Hædersdal

Manuscript title:

Manuscript number (if known):

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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	
		Leo Pharma	Research Grant
		L'Oréal / La Roche-Posay	Research Grant
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		L'Oréal / La Roche-Posay	Consulting
		Procter & Gamble	Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Galderma	Lectures and teaching
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 checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Cynosure-Lutronic	Equipment
		GME Medical	Equipment
		Venus Concept	Equipment
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 24. oktober 2024

Your name: Katrine Karmisholt

Manuscript title: Dermatologisk laserbehandling: Medicinsk indikation for procedurer med lasere og energi-baseret udstyr

Manuscript number (if known):

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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	

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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	
			Leo Pharma
			Lóreal
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
			Pfizer
			Abbvie
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	
			MSG
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	
			Consulting at Nage

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Date: 19. oktober 2024

Your name: Trine Bertelsen

Manuscript title: Dermatologisk laserbehandling: Medicinsk indikation for procedurer med lasere og energi-baseret udstyr

Manuscript number (if known):

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			UCB, Abbvie, Novartis, Leo Pharma
			Aage Bang foundation, Wehnerts foundation
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
			UCB, Abbvie, Novartis, Leo Pharma, Nage
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
			UCB, Abbvie, Novartis, Leo Pharma
6	Payment for expert testimony	<input type="checkbox"/> None	
			UCB, Abbvie, Novartis, Leo Pharma
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
			UCB, Abbvie, Novartis, Leo Pharma, Galderma
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	
			UCB, Novartis
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
			All unpaid: Dansk dermatologisk selskab bestyrelsesmedlem, Hyperhidroseudvalg, Laserudvalg, Kirurgiske udvalg, Hidrosadenitis udvalg, Rådet for dyr sygehus medicin (RADS), Regionsmøde vedr. hirsutisme.
11	Stock or stock options	<input type="checkbox"/> None	
			Norm Invenst (ikke kendt pulje), Pension (ikke kendt pulje)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
			Cremepøver diverse kosmetiske firmaer
13	Other financial or non-financial interests	<input type="checkbox"/> None	
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Date: 8. jan 2025 Klik på tryk for at give en dato.

Your name: Susanne Vissing

Manuscript title: Dermatologisk laserbehandling: Medicinsk indikation for procedurer med lasere og energi-baseret udstyr

Manuscript number (if known):

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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	The Danish Medical Association
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	L'oreal
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	Medlem af Æstetisk udvalg under DDS (Dansk Dermatologisk Selskab)
11	Stock or stock options	<input type="checkbox"/> None	Novo Nordisk
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	

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Date: 29. oktober 2024

Your name: Berit Christina Carlsen

Manuscript title: Dermatologisk laserbehandling: Medicinsk indikation for procedurer med lasere og energi-baseret udstyr

Manuscript number (if known):

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Sanofi	Attendance EADV congress
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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