Dat	e: 21. oktober 2024		
Your	name: Pelle Kahr N	ilsson	
Man	uscript title: Dermatologisk l	aserbehandling: Medicinsk indi	ikation for procedurer med lasere og energi-baseret udstyr
Mai	nuscript number (if known)):	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	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. ps/activities/interests as they relate to the current
	uscript only.		-
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	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)
Tim	e frame: Since the initial plan		
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		
0			
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 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
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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



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Date : 23-10-2	Date: 23-10-24			
Your name:	Lene Hedelund			
Manuscript title:	Dermatologisk laserbehandling: Medicinsk indikation for procedurer med lasere og energi-baseret udstyr			
Manuscript nu	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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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	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 x	
	No time limit for this item.		

Click TAB in last row to add extra rows

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

13	Other financial or non-	None x	
financial interests			

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.

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

Date	e: 28-10-2024 for at angive	e en dato.	
Your	name: Marie Nørgård Bjø	ørn	
Man	uscript title: Dermatologisk l	aserbehandling: Medicinsk indi	kation for procedurer med lasere og energi-baseret udstyr
Mar	nuscript number (if known):	
In the are re third comr	e interest of transparency, elated to the content of yo parties whose interests ma	we ask you to disclose all 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 ent 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	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup titems, 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)
Time	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 Non	
	No time limit for this item.		
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Time	e frame: past 36 months		23
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2	Grants or contracts from any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses		
	J	24 110110	

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
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

Date	e: 1. oktober 2024			
You	Your name: Merete Hædersdal			
Mai	nuscript title:			
Mai	nuscript number (if known)):		
are re third comr list a The f	elated to the content of you parties whose interests ma mitment to transparency ar relationship/activity/intere	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/activities/interests as they relate to the current	
perta antih In ite	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)	
_	e frame: Since the initial plan	•		
1	All support for the present	None		
	manuscript (e.g., funding, provision of study			
	materials, medical writing,			
	article processing charges,			
	etc.)			
	AL			
	No time limit for this item.			
	item.			
			Click TAB in last row to add extra rows	
Time	e frame: past 36 months			
2	Grants or contracts from	□ None		
	any entity (if not indicated	Leo Pharma	Research Grant	
	in item #1 above).	L'Oréal / La Roche-Posay	Research Grant	
3	Royalties or licenses	None Non		
	,			

4	Consulting fees	□ None	
		L'Oréal / La Roche-Posay	Consulting
		Procter & Gamble	Consulting
5	Payment or honoraria for	□ None	
0	lectures, presentations,	Galderma	Lectures and teaching
	speakers bureaus,	Gaideima	Lectures and teaching
	manuscript writing or		
	educational events		
	Doumant for ownert	₩	
6	Payment for expert testimony	⊠ None	I
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
	pending	<u> </u>	
0	Darticipation on a Data	E N	
9	Participation on a Data Safety Monitoring Board	None Non	
	or Advisory Board		
	-		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
<u> </u>			
11	Stock or stock options	None Non	
12	Receipt of equipment,	□ None	
	materials, drugs, medical	Cynosure-Lutronic	Equipment
	writing, gifts or other	GME Medical	Equipment
	services	Venus Concept	Equipment
13	Other financial or non-	⊠ None	
13	financial interests		
	manda miorests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 24. oktober 2024		
Your	name: Katrine	Karmisholt	
Man	uscript title: Dermatologisk l	aserbehandling: Medicinsk indi	kation for procedurer med lasere og energi-baseret udstyr
Mai	nuscript number (if known):	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that yo	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup ritems, 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 needed)	(e.g., if payments were made to you or to your institution)
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Time	All support for the present	relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) ning 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.	relationship or indicate none (add rows as needed) ning 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	relationship or indicate none (add rows as needed) ning 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.	relationship or indicate none (add rows as needed) uning of the work None	(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	relationship or indicate none (add rows as needed) ning 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	relationship or indicate none (add rows as needed) uning of the work None	(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 in item #1 above).	relationship or indicate none (add rows as needed) ining of the work None	(e.g., if payments were made to you or to your institution)
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4	Consulting fees	fees None	
5	Payment or honoraria for	□ None	
	lectures, presentations,		Leo Pharma
	speakers bureaus, manuscript writing or		Lóreal
	educational events		
6	Payment for expert testimony		
	lestimony		
7	Support for attending	□ None	
	meetings and/or travel		Pfizer
			Abbvie
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	□ None	
	Safety Monitoring Board		MSG
	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 Non	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	☐ None	
	financial interests		Consulting at Nage

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal



Dat	e : 19. oktober 2024		
You	r name: Trine Bertelsen		
Man	uscript title: Dermatologisk laserbeha	andling: Medicinsk indikation for p	rocedurer med lasere og energi-baseret udstyr
Man	uscript number (if known):		
are re third comr list a	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cond nd does not necessarily in est, it is preferable that yo	
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perta	ains to the epidemiology of	hypertension, you should	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
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	e 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
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Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study	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
Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	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
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Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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
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Tim 1	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	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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Tim 1	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Ining of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim 1	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Ining of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows
Tim 1	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows UCB, Abbvie, Novartis, Leo Pharma
Tim 1	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Ining of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows UCB, Abbvie, Novartis, Leo Pharma

UCB, Abbvie, Novartis, Leo Pharma, Nage Payment or honoraria for lectures, presentations, UCB, Abbvie, Novartis, Leo Pharma UCB, Abbvie, Novartis, Leo Pharma			
	□ News		
speakers bureaus,			
manuscript writing or			
educational events			
6 Payment for expert			
testimony UCB, Abbvie, Novartis, Leo Pharma			
7 Support for attending			
meetings and/or travel UCB, Abbvie, Novartis, Leo Pharma, Galderm	 а		
	-		
O Detects playing discussed on 1500			
8 Patents planned, issued or None			
pending			
9 Participation on a Data	□ None		
Safety Monitoring Board UCB, Novartis			
or Advisory Board			
10 Leadership or fiduciary			
role in other board, society, committee or All unpaid: Dansk dermatologisk selskab bestyrelsesmedlem, Hyperhidroseudvalg,			
advocacy group, paid or Laserudvalg, Kirurgiske udvalg, Hidrosadenit	S		
unpaid udvalg, Rådet for dyr sygehus medicin (RADS			
Regionsmøde vedr. hirsutisme.	, .		
11 Stock or stock options	□None		
Norm Invenst (ikke kendt pulje), Pension (ikk	e kendt		
pulje)			
12 Receipt of equipment,			
materials, drugs, medical Cremeprøver diverse kosmetiske firmaer writing, gifts or other			
services			
13 Other financial or non- None			
financial interests Nage			

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ICMJE Disclosure Form (Feb2021): http://icmje.org	Ugeskrift for Læger / Danish Medical Journal	Page 3 of 3

You	name: Susanne	vissing	
Man	uscript title: Dermatologisk l	aserbehandling: Medicinsk ind	ikation for procedurer med lasere og energi-baseret udstyr
Ma	nuscript number (if known):	
are r third com	elated to the content of you parties whose interests ma	ur manuscript. "Related" ay be affected by the con 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 adicate a bias. If you are in doubt about whether to bu do so.
	following questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antik In ite	ains to the epidemiology of hypertensive medication, ex	hypertension, you shoul yen if that medication is i port for the work reporte	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript. ed in this manuscript without time limit. For all months.
	•		
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Tim 1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
_	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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
_	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 None	(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) ning of the work None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	Ď None		
5	Payment or honoraria for	□ None		
•	lectures, presentations, speakers bureaus, manuscript writing or educational events	Li None	The Danish Medical Association	
	ALLEN THE PROPERTY OF THE PROP			
6	Payment for expert testimony	None Non		
7	Support for attending	□ None		
	meetings and/or travel	- Wolfe	L'oreal	
	5 A			
8	Patents planned, issued or	🖾 None		
	pending			
	D. Martin Marian Barra	P		
9	Participation on a Data Safety Monitoring Board	None		
	or Advisory Board			
10	Leadership or fiduciary	□ None	Control of the second of the s	
	role in other board,		Medlem at Asktisk udvalg under DDS (Dansk Dermatologisky) Selskab)	
	society, committee or advocacy group, paid or		DOS (Oalusk Dermatologis14) Selskab)	
	unpaid		1	
11	Stock or stock options	None		
			Novo Nordisk	
42		rh		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non- financial interests	☑.None		
		Table Bridge III		

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	e: 29. oktober 2024		
Your	name: Berit Christi	na Carlsen	
Man	uscript title: Dermatologisk l	laserbehandling: Medicinsk indi	kation for procedurer med lasere og energi-baseret udstyr
Mar	nuscript number (if known):	
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