ICMJE DISCLOSURE FORM

11/2/2023

Date:

Your Name: Manuscript Title:		Anna Bliampti	Biologiske og målrettede syntetiske lægemidler til Colitis		
		Biologiske og målrettede sy Ulcerosa			
Ma	anuscript Number (if kno	Own): Click or tap here to enter text.			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, yo that medication is not mentioned.		support for the work reported in this manuscript wi	ot-for-profit third parties whose interests may be not to transparency and does not necessarily //interest, it is preferable that you do so. xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
		ame all entities with whom you have this elationship 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 o	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	⊠ None	Click the tab key to add additional rows.		

	of study materials, medical writing, article processing charges, etc.) No time limit for this item.				Click the tab key to add additional rows.	
			Time fra	ıme: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				

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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)
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	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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

Date: November 2, 2023
Your Name:Johan Burisch
Manuscript Title: Biologiske og målrettede syntetiske lægemidler til Colitis Ulcerosa
Manuscript number (if known):

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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)
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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.	x None Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated	None	30 111011113
	in item #1 above).	Jansen, MSD, Takeda, Tillots Pharma, BMS, Novo Nordisk	Payments made to my institution
3	Royalties or licenses	x None	

4	Consulting fees	None	
		Celgene, MSD, Pfizer, AbbVie, Takeda, Tillots Pharma, Samsung Bioepis, BMS, Pharmacosmos, Galapagos, Ferring	Payments made to me
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events	MSD, Pfizer, AbbVie, Takeda, Tillots Pharma, , Pharmacosmos, Ferring	Payments made to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	_x None	
12	Receipt of equipment, materials, drugs, medical	_x None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests	X	

Please place an "X" next to the following statement to indicate your agreement:				
_x I certify that I have answered every question and have not altered the wording of any of the questions on th form.	is			

ICMJE DISCLOSURE FORM

Date:	11/2/2023
Your Name:	Jakob Seidelin
Manuscript Title:	Biologiske og målrettede syntetiske lægemidler til Colitis Ulcerosa
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Janssen Takeda Det Frie Forskningsråd Louis Hansen Fonden	Unrestricted research grant Unrestricted research grant Unrestricted research grant Unrestricted research grant
3	Royalties or licenses	None □	

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