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Date:	Date: 8. november 2023				
Your na	Your name: Jesper Kelsen				
Manus	Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark				
Manuscript number (if known): UFL-06-23-0421					

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Tim	Time frame: past 36 months			
2	Grants or contracts from	None Non		
	any entity (if not indicated			
	in item #1 above).			
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	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None Stryker	Travelgrants to OATS and ESMINT meetings in 2023
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	None Non	

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Date	e: 8. november 2023		
You	r name: Karen Irgens Ta	ınderup Hansen	
Mar	nuscript title: Kliniske	e og parakliniske kriterier for	hjernedød i Danmark
Mar	nuscript number (if known)): UFL-06-23-0421	
are re third comn	elated to the content of yo parties whose interests ma	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 support all support 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)
Time	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
Time	e 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	

4	Consulting fees	None
5	Payment or honoraria for	⊠ None
Ü	lectures, presentations, speakers bureaus,	ES NOTE
	manuscript writing or educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board	None
	or Advisory Board	
10	Leadership or fiduciary role in other board,	None
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other services	
13	Other financial or non-	⊠ None
	financial interests	E ROID

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Dat	e : 8. november 2023				
You	r name : Andreas Hjelm	Brandt			
Mai	nuscript title: Kliniske	e og parakliniske kriterier for	r hjernedød i Danmark		
Mai	nuscript number (if known): UFL-06-23-0421			
are re third comr	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.				
	following 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.		
	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 manuscript (e.g., funding,	None Non			
	provision of study materials, medical writing, article processing charges, etc.)				
	No time limit for this				

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Tim	Time frame: past 36 months			
2	any entity (if not indicated	None Non		
	in item #1 above).			
3	Royalties or licenses	None Non		

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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None None
	educational events	
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	Name .
7	Participation on a Data Safety Monitoring Board or Advisory Board	None Non
10	Leadership or fiduciary	None Non
	role in other board, society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical	None
	writing, gifts or other services	
13	Other financial or non-	M None
13	financial interests	None Non

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Date: 8. nove	mber 2023		
Your name: Peter Birkeland			
Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark			
Manuscript number (if known): UFL-06-23-0421			

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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)
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.) No time limit for this item.	x None	

Tim	Time frame: past 36 months				
2	Grants or contracts from	x None			

	in item #1 above).		
_	o le le		
3	Royalties or licenses	x None	
4	Consulting fees	x None	
5	Payment or honoraria for	x None	
	lectures, presentations,	X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
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8	Patents planned, issued or pending	x None	
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9	Participation on a Data	x None	
	Safety Monitoring Board or	A NOTIC	
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society, committee or advocacy		
	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-financial interests	x None	
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Date	e: 8. november 2023		
You	r name: Marwan H. Othn	nan	
Mar	nuscript title: Kliniske	e og parakliniske kriterier for	hjernedød i Danmark
Mar	nuscript number (if known)): UFL-06-23-0421	
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The a perta antih In ite	nuthor's relationships/activ nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no 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 nonths.
		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 plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Region Hovedstadens forskningspulje (forsknings	grant)
3	Royalties or licenses	None Non	

4	Consulting fees	None Non
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

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Date: 8. november 2023			
Your name: Trine Stavngaard			
Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark			
Manuscript number (if known): UFL-06-23-0421			

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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.		

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

4	Consulting fees	None
5	Payment or honoraria for	⊠ None
Ü	lectures, presentations, speakers bureaus,	ES NOTE
	manuscript writing or educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending meetings and/or travel	⊠ None
	meetings and/or traver	
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board	None
	or Advisory Board	
10	O Leadership or fiduciary role in other board,	None
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other services	
13	Other financial or non-	⊠ None
. 0	financial interests	E ROID

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Date: 8. november 2023			
Your name: Niels Agerlin			
Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark			
Manuscript number (if known): UFL-06-23-0421			

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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)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
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Tim	Time frame: past 36 months			
2	Grants or contracts from	None Non		
	any entity (if not indicated			
	in item #1 above).			
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
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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Date	e: 8. november 2023 r name: Daniel Kondziel	la	
			r hiornodad i Danmark
	nuscript number (if known	e og parakliniske kriterier fo	пјетнеци г Бантагк
IVIAI	uscript number (ii known). UFL-06-23-0421	
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	ollowing questions apply to uscript only.	o the author's relationshi _l	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of ypertensive medication, even #1 below, report all sup	hypertension, you should ven 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
othei	titems, the time frame for	disclosure is the past 36 r	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	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 Non	
	No time limit for this item.		
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Time	e frame: past 36 months		
2	Cronto or contracto from	□ None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None Lundbeckfonden (forskningsgrant)	Novo Nordisk fonden (forskningsgrant)
		Offerfonden (forskningsgrant)	Region H (forskningsgrant)

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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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