Dat	e : 9. november 2023		
You	I r name : Elisabeth Bends	strup	
Mai	nuscript title: Ny definition d	og behandlingsmuligheder fo	r hypersensitivitetspneumonitis (allergisk alveolitis)
-	nuscript number (if known		
are re third comr list a The f	elated to the content of yo parties whose interests m mitment to transparency a relationship/activity/intere	our manuscript. "Related" ay be affected by the content of the con	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.
perta antih In ite	nins to the epidemiology of hypertensive medication, ever	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 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 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.		
		l	Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
		I — ••	
2 Grants or contracts from None			
	any entity (if not indicated		
	any entity (if not indicated in item #1 above).		
3	in item #1 above).	⊠ None	
3	3 .	⊠ None	

4	Consulting fees	⊠ None
F		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Boehringer Ingelheim Chiesi AstraZeneca Daichii Sankyo
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	□ None
	meetings and/or travel	Boehringer Ingelheim
8	Patents planned, issued or	
	pending	
9	Participation on a Data	⊠ None
7	Safety Monitoring Board	Boehringer Ingelheim
	or Advisory Board	Simbec-Molecure
10	Leadership or fiduciary	None
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	None Non
4.0		
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

🛛 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	9. november 2023		
You	r name: Henrik A Kolstad	d	
Mar	nuscript title: Ny definition c	og behandlingsmuligheder fo	r hypersensitivitetspneumonitis (allergisk alveolitis)
Mar	nuscript number (if known)):	
are rethird comrist a The finant The aperta antih	elated to the content of yo parties whose interests manitment to transparency arrelationship/activity/interestionship questions apply to ascript only. Buthor's relationships/activins to the epidemiology of ypertensive medication, experienced where the content of the properties of the content of the properties of the epidemiology of the content of the properties of the propertie	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship rities/interests should be go hypertension, you should yen if that medication is not port for the work reporter	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
		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	None Non	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
			Lick TAB in last row to add extra rows
T:	- f		onok 1715 iii last row to add oxti a rows
TIM	e 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

🛛 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			
You	r name: Inge Brosbøl Ive	ersen	
Mar	nuscript title: Ny definition o	og behandlingsmuligheder fo	r hypersensitivitetspneumonitis (allergisk alveolitis)
Mar	nuscript number (if known):	
are re third comn list a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/intere	ur manuscript. "Related" ay be affected by the connd 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
perta antihy In itei	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is r port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not 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)
	e frame: Since the initial plar	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.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	from a part 2/ months		Slick I/ID II/Idst row to dud extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	□ None	
_	any entity (if not indicated in item #1 above).	Danish Working Environment Research Fund	Grant for research project paid to Department of Occupational Medicine, Aarhus University Hospital
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	
6	Payment for expert		
U	testimony	M None	
	, ,		
7	Support for attending meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary		
	role in other board,	2 140110	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options		
12	Receipt of equipment,		
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
10	Other financial areas	NZ NI	
13	Other financial or non- financial interests	⊠ None	
	inianciai interests		

🛛 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

PI W	ease save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish edical Journal.	

10	ur name: Janne	Males	
Ma	nuscript title: Ny definition	og behandlingsmuligheder fo	or hypersensitivitetspneumonitis (allergisk alveolitis)
Ma	nuscript number (if know	n):	
are i third	related to the content of your parties whose interests m	our manuscript. "Related" hay be affected by the con and 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 dicate a bias. If you are in doubt about whether to ou do so.
	following questions apply uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
pert antii In ite	ains to the epidemiology on the hypertensive medication, expertensive medication, experience of the hypertensive medication	f hypertension, you shoul even if that medication is reported	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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tin	ne frame: Since the initial pla		Ab TOTAL INVESTMENT OF A CANADA
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this		
	materials, medical writing, article processing charges, etc.)		Click TAR in last route add outer rough
	materials, medical writing, article processing charges, etc.) No time limit for this item.		Click TAB in last row to add extra rows
Tin	materials, medical writing, article processing charges, etc.) No time limit for this		Click TAB in last row to add extra rows
Tim 2	materials, medical writing, article processing charges, etc.) No time limit for this item.	✓ None	Click TAB in last row to add extra rows
	materials, medical writing, article processing charges, etc.) No time limit for this item. The frame: past 36 months Grants or contracts from any entity (if not indicated)		Click TAB in last row to add extra rows
2	materials, medical writing, article processing charges, etc.) No time limit for this item. The frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).	☑ None None	Click TAB in last row to add extra rows

4	Consulting fees	✓ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 2022 Lecture Bochnige Digether 2022 Lecture 1
6	Payment for expert testimony	☑ None
7	Support for attending meetings and/or travel	□ None 2023 Bes Boehringer Ingelheim
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 ques	stion and have not alt	ered 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.

Date:	10. november 2023			
Your na	ame: Line Kølner-Aug	ustson		
Manus	Manuscript title: Ny definition og behandlingsmuligheder for hypersensitivitetspneumonitis (allergisk alveolitis)			
Manus	cript number (if known)	:		
are relate third par commitn	ed to the content of you ties whose interests ma nent to transparency ar	ur manuscript. "Related" By be affected by the cont	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.	
The follo manuscr		o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
pertains	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.	
		oort for the work reported disclosure is the past 36 r	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 fra	me: Since the initial plan	ning of the work		
ma pro ma	support for the present anuscript (e.g., funding, ovision of study aterials, medical writing, cicle processing charges, c.)	⊠ None		
No ite	time limit for this m.			
Time a fue	nme: past 36 months		Click TAB in last row to add extra rows	

Grants or contracts from

in item #1 above).

Royalties or licenses

any entity (if not indicated

⋈ None

⊠ None

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

 $oxed{\boxtimes}$ 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

Dat	e: 9. november 2023		
You	r name: Nanna Makholm	n Østergård	
Mai	nuscript title: Ny definition c	og behandlingsmuligheder fo	r hypersensitivitetspneumonitis (allergisk alveolitis)
Mar	nuscript number (if known):	
are rethird committed the comm	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interestionship questions apply to ascript only. Buthor's relationships/activities to the epidemiology of	ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that you the author's relationship wities/interests should be a hypertension, you should	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. Disclosive represents a dicate a bias. If you are in doubt about whether to bu do so. Disclosive relate to the current defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup r items, 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)
	e frame: Since the initial plan	relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
Time 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)	(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.)	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) 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 any entity (if not indicated	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)
Time 2	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) ning of the work None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	□ None		
		Chiesi	Steering committee for young pulmonologists with the aim of courses for younger pulmonologists in Denmark. Payment to self.	
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus,	Astra Zeneca	honoraria for presentation	
	manuscript writing or			
	educational events			
6	Payment for expert testimony	⊠ None		
7	Support for attending meetings and/or travel	□ None Boehringer Ingelheim	Attending Nordic lung conference Helsinki,	
	Thousangs and of traver	Boeninger ingemenn	Attending Nordic lang conference Heisinki,	
8 Patents planned, issued or None				
	pending			
9	Participation on a Data	None Non		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board,			
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options			
12 Receipt of equipment, None				
	materials, drugs, medical	EN MOLIC		
	writing, gifts or other services			
13	Other financial or non- financial interests			

🛛 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 : 1.11.2023		
You	r name: Sissel Kron	borg-White	
Mar	nuscript title: Ny definition d	ng behandlingsmuligheder fo	r hypersensitivitetspneumonitis (allergisk alveolitis)
Mar	nuscript number (if known)):	
are re third comn 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. Des/activities/interests as they relate to the current
perta antih In ite	ins 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)
Time	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
Time	e frame: past 36 months		
2	Grants or contracts from	□ None	
_	any entity (if not indicated in item #1 above).	Karen Elise Jensens Foundation	Grant.
3	Royalties or licenses	□ None	

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 Bohringer	Symposium	
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		
	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 this form.			

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 10. november 2023		
You	r name: Thomas Skovh	us Prior	
Mar	nuscript title: Ny definition o	og behandlingsmuligheder fo	r hypersensitivitetspneumonitis (allergisk alveolitis)
Mar	nuscript number (if known)):	
are re third comr list a	elated to the content of you 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.
	uscript only.		<u></u>
perta antih In ite	ins 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan	needed) ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	⊠ None	
	etc.) No time limit for this item.		
<u> </u>		<u> </u>	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 Non	

4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	□ None Boehringer Ingelheim	Steering committee for ILD meeting
	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	None Non	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
4.4	·		
11	Stock or stock options	None Non	
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