# ICMJE DISCLOSURE FORM

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**Date**: 28. oktober 2024

**Your name**: Henriette Ladegård Skov

**Manuscript title**: Første trimester screening for præeklampsi

**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 current manuscript only.

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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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**Time frame: past 36 months**

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| 3 | Royalties or licenses | ☒ **None** | |
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| 4 | Consulting fees | ☒ **None** | |
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| 6 | Payment for expert testimony | ☒ **None** | |
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| 8 | Patents planned, issued or pending | ☒ **None** | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |
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| 11 | Stock or stock options | ☒ **None** | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| 13 | Other financial or non-financial interests | ☒ **None** | |
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**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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**Date**: 29. oktober 2024

**Your name**: Line Rode

**Manuscript title**: Første trimester screening for præeklampsi

**Manuscript number** (if known):

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
| | | Novo Nordisk Foundation | Co-investigator |
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| 3 | Royalties or licenses | ☒ **None** | |
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**Date**: 28. oktober 2024

**Your name**: Martin Overgaard

**Manuscript title**: Første trimester screening for præeklampsi

**Manuscript number** (if known):

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| 11 | Stock or stock options | ☒ **None** | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| 13 | Other financial or non-financial interests | ☒ **None** | |
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**Date**: 1. november 2024

**Your name**: Charlotte Kvist Ekelund

**Manuscript title**: Første Trimester screening for præeklampsi

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None** | |
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| 3 | Royalties or licenses | ☒ **None** | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ **None** | |
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| 11 | Stock or stock options | ☒ **None** | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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**Date**: 28. oktober 2024

**Your name**: Ann Tabor

**Manuscript title**: Første trimester screening for præeklampsi

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**Date**: 29. oktober 2024

**Your name**: Puk Sandager

**Manuscript title**: Første trimester screening for præeklampsi

**Manuscript number** (if known):

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**Date**: 28. oktober 2024

**Your name**: Iben Riishede

**Manuscript title**: Første trimester screening for præeklampsi

**Manuscript number** (if known):

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