ICMJE DISCLOSURE FORM

Date: 31.10.2024

Your Name: Malou Barbosa

Manuscript Title: Prænatal screening for alvorlige hjertemisdannelser i Danmark

Manuscript Number (if known): Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. 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.

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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)**
Time frame: Since the initial planning 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.**	☒ **None**	
			Click the tab key to add additional rows.
Time frame: past 36 months			
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3	Royalties or licenses	☒ **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)
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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**	
		Board member Danish Society of Obstetrics and Gynecology	
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**	

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Date: 31.10.2024

Your Name: Charlotte Kvist Ekelund

Manuscript Title: Prænatal screening for alvorlige hjertemisdannelser i Danmark

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		Rigshospitalets forskningsfond	Frikøb 40% forskning
3	Royalties or licenses	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/31/2024

Your Name: Marianne Christiansen

Manuscript Title: Prænatal screening for alvorlige hjertemisdannelser I Danmark

Manuscript Number (if known): Click or tap here to enter text.

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Date: 31.10.2024

Your Name: Jesper Steensberg

Manuscript Title: Prænatal screening for alvorlige hjertemisdannelser i Danmark

Manuscript Number (if known): Click or tap here to enter text.

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Date: 31.10.2024

Your Name: Finn Stener Jørgensen

Manuscript Title: Prænatal screening for alvorlige hjertemisdannelser i Danmark

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Date: 31.10.2024

Your Name: Cathrine Vedel

Manuscript Title: Prænatal screening for alvorlige hjertemisdannelser i Danmark

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