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Date	e: Klik eller tryk for at angive	e en dato.	
You	r name: Anne Vejen Har	nsen	
Mar	nuscript title: Når r	man skal trække ve	jret for to – Astma og Graviditet
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.
	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 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.) No time limit for this item.	⊠ None	
		L	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	None Non	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
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	None Non	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	□ None	
	materials, drugs, medical writing, gifts or other	Novartis	Running a larger RCT-study, were Novartis is sponsoring the drug (Omalizumab).
	services		
13	Other financial or non-	None Non	
	financial interests	EN MONIC	

Please place an "X" next to the following statement to indicate your agreement:

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Date	e: 28. november 2023		
You	r name: Nina la Cour Freie	sleben	
Mar	nuscript title: Når r	man skal trække ve	jret for to – Astma og Graviditet
	nuscript number (if known)		j
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are re third comr list a The f	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 cond does not necessarily in est, it is preferable that you	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 antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen 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	Charifications /Commants
		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	None Non	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
	itom.		
			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	Gedeon Richter	Payment to institution
	in item #1 above).	Merck	Payment to institution
		Cryos	Payment to institution
3	Royalties or licenses	None Non	
5		EN MONG	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None Merck	Payment to me for one meeting
	Down ant for ownert	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	Payment for expert testimony	⊠ None	
7	0 15 11 11		
7	Support for attending meetings and/or travel	Merck Ferring Gedeon Richter	Payment to institution Payment to institution Payment to institution
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 Chair in the steering committee for the guideline groups for The Danish Fertility Society	No payment
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	

Please place an "X" next to the following statement to indicate your agreement:

 \boxtimes 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:	11/28/2023
Your Name:	Charlotte Suppli Ulrik
Manuscript Title:	Når man skal trække vejret for to – Astma og Graviditet
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 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.

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)
		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	
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca Boehringer Ingelheim Sanofi Genzyme InsMed Roche Chiesi	To institution
3	Royalties or licenses	None Non	

		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		
		AstraZeneca	Personal fee	
		BI	Personal fee	
		GSK	Personal fee	
		Sanofi Genzyme	Personal fee	
		Pfizer	Personal fee	
5	Payment or honoraria for	□ None		
	lectures,	AZ	Personal fee	
	presentations,	Berlin-Chemie	Personal fee	
	speakers	BI	Personal fee	
	bureaus,	Novartis	Personal fee	
	manuscript	GSK	Personal fee	
	writing or	Sanofi	Personal fee	
	educational	TEVA	Personal fee	
	events	OrionPharma	Personal fee	
		TFF Pharmaceuticals	Personal fee	
		Pfizer	Personal fee	
		Chiesi	Personal fee	
		Covis Pharma	Personal fee	
		Takeda	Personal fee	
		Takeda	1 Claurice	
6	Payment for expert testimony	☑ None		
7	Support for attending	None		
	meetings and/or			
	travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data Safety Monitoring			
	Board or	AZ	Personal fee	
	Advisory Board	BI	Personal fee	
	AUVISUI Y DUALU	Pfizer	Personal fee	
		Chiesi	Personal fee	
		TEVA	Personal fee	
		TFF Pharmaceuticals	Personal fee	

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Trial Nation Denmark	National Lead
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:		