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Date:	Date: 29. november 2023					
Your r	Your name: Camilla Dalby Hansen					
Manu	Manuscript title: Ny nomenklatur for fedtleversygdomme					
Manuscript number (if known): UFL-06-23-0425						

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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 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.) No time limit for this item.	⊠ None	

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

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

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Date	e: 2. december 2023		
You	r name : Maja Thiele		
Mai	nuscript title: Ny no	omenklatur for fedtle	eversygdomme
Mai	nuscript number (if known): UFL-06-23-0425	
are re third comr list a The f	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interestions apply to	ur manuscript. "Related" in an user in a graph of the content of does not necessarily increase, 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. Os/activities/interests as they relate to the current
The a perta antih In ite	ins 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 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	Novo Nordisk Foundation, NNF 200C0059393
3	Royalties or licenses	⊠ None	
		LI HOIIC	

4	Consulting fees	□ None		
			GSK, Boehringer Ingelheim, AstraZeneca	
5	Payment or honoraria for			
3	lectures, presentations, speakers bureaus,	None	Echosens, Siemens Healthcare, Tillotts Pharma, Takeda, Norgine, Madrigal	
	manuscript writing or			
	educational events			
6	Payment for expert testimony	⊠ None		
	testimony			
7	Support for attending	⊠ None		
/	Support for attending meetings and/or travel	⊠ None		
	meetings and or traver			
8	Patents planned, issued or	⊠ None		
	pending			
9	Participation on a Data	⊠ None		
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	□ None		
	role in other board, society, committee or advocacy group, paid or unpaid		Bestyrelsesmedlem i Alkohol & Samfund (paid) og Evido (unpaid)	
			Evido (uripaid)	
11	Stock or stock options	⊠ None		
	·			
12	Receipt of equipment,	⊠ None		
12	materials, drugs, medical	M MOHE		
	writing, gifts or other			
	services			
12	Other financial and			
13	Other financial or non- financial interests	⊠ None		

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Dat	e: 7. december 2023		
You	r name: Henning Grønba	æk	
Mai	nuscript title: Ny no	omenklatur for fedtle	eversygdomme
Mai	nuscript number (if known): UFL-06-23-0425	, , , , , , , , , , , , , , , , , , ,
are re third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the connd 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 bu do so.
	following questions apply to uscript only.	o the author's relationshi	ps/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 d declare all relationships with manufacturers of not 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 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		
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.		
		<u> </u>	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
	<u>.</u>		
2	Grants or contracts from	☐ None	
	any entity (if not indicated in item #1 above).	ARLA Food for Health ADS AIPHIA	Research grant
1		ADS AITHA	Research grant

Royalties or licenses

3

Development Services AG

⊠ None

4	Consulting fees	⊠ None		
		NOVO Nordisk,		
		Astrazeneca		
		Ipsen		
_				
5	Payment or honoraria for	□ None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
	educational events			
6	Payment for expert	⊠ None		
	testimony	None		
	cestimony			
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or	⊠ None		
	pending			
9	Participation on a Data	⊠ None		
,	Safety Monitoring Board			
	or Advisory Board	CAMURUS		
	5. 7.av.56. y 26a. a			
10	Leadership or fiduciary	⊠ None		
	role in other board,			
	society, committee or			
	advocacy group, paid or			
	unpaid			
	a. 1 . 1			
11	Stock or stock options	⊠ None		
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical	Z None		
	writing, gifts or other			
	services			
13	Other financial or non-	⊠ None		
	financial interests			
	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: 4. december 2023					
Your name: Lise Lotte Gluud					
Manuscript title: Ny nomenklatur for fedtleversygdomme					
Manuscript number (if known): UFL-06-23-0425					

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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	
	No time limit for this item.		

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			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from	□ None	
	any entity (if not indicated	Novo Nordisk	Grants to institution
	in item #1 above).	Gilead	Grant to institution
		Sobi	Grant to institution
		Alexion	Grant to institution
		Immunovia	Grant to institution
3	Royalties or licenses	☑ None	
		·	· · · · · · · · · · · · · · · · · · ·

			1
4	Consulting fees	□ None	
	<u> </u>		
5	Payment or honoraria for	☐ None	
	lectures, presentations,	Novo Nordisk	Payment made to me
	speakers bureaus,	Astra Zeneca	Payment made to me
	manuscript writing or	Beckton Dickinson	Payment made to me
	educational events	Norgine	Payment made to me
		Pfizer	Payment made to me
	_	T	
6	Payment for expert	☐ None	_
	testimony	Novo Nordisk	Payment made to me
		Beckton Dickinson	Payment made to me
		Pfizer	Payment made to me
7	Support for attending	M Name	
/	meetings and/or travel	☑ None	
	lineetings and/or traver		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	☑ None	
	Safety Monitoring Board		
	or Advisory Board		
		T —	
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	ипраіц		
11	Stock or stock options	⊠ None	
	Stock of Stock options	Z NOTIC	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
	<u> </u>	<u> </u>	
13	Other financial or non-	⊠ None	
	financial interests		
			4

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Date: 4. december 2023	
Your name: Katrine Prier Lindvig	
Manuscript title: Ny nomenklatur for fedtleversygdomme	
Manuscript number (if known): UFL-06-23-0425	
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Tim	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.)	⊠ None		
	No time limit for this item.			

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

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Siemens Siemens	
6	Payment for expert testimony	Novo Nordisk	
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 Founder and stock holder in Evido ApS	
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:	12/2/2023
Your Name:	Aleksander Krag
Manuscript Title:	Ny nomenklatur for fedtleversygdomme
Manuscript Number (if known):	UFL-06-23-0425

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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	g 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 montl	hs
2	Grants or contracts from	[□] None	
	any entity (if not indicated in item	EU Horizon 2020	Coordinator of Galaxy, EU funded under grant agreement No 668031
	#1 above).	EU Horizon 2020	PI in LiverScreen, EU funded under grant agreement No 847989
		EU Horizon 2020	PI in MicrobPredict, EU funded under grant agreement No 825694.
		EU Horizon 2020	PI in IHMCSA, EU funded under grant agreement No 964590
		Novo Nordisk Foundation	PI in MicrobLiver, A Challenge Grant, grant number NNF15OC0016692 from the Novo Nordisk Foundation
		Innovationfund Denmark	Research funding, Innoexplorer
		Danish National Research Foundation	PI in ATLAS, Centre of Excellence

		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)
		Region of Southern Denmark AstraZeneca	Center grant for Elite Research Centre FLASH Prevalence and severity of NAFLD in Denmark
3	Royalties or licenses	☐ None [Gyldendal	Medicinsk compendium, coauthor (Textbook of internal medicine)
4	Consulting fees	None None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Norgine Siemens Nordic Bioscience NovoNordisk	Lectures 2019, 2020 Lectures, speaker's bureau 2019, 2020 Lecture 2021 Lecture 2023
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	Region of Southern Denmark University of Southern Denmark	Biomarker - pending/planned Biomarker- pending/planned
9	Participation on a Data Safety	[□] 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)
	Monitoring Board or Advisory Board	Norgine Siemens Novo Nordisk B&I	Advisory board meeting 2020 Advisory board meeting 2019, 2020, 2023 Advisory Board 2023 Advisory Board 2023
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Secretary General European Association for the Study of The Liver (EASL) 2023-2025	Non for profit organization
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Norgine Siemens Echosence NordicBioscience	Rifaximin for an investigator-initiated study, part of Galaxy, an EU funded project under grant agreement No 668031 ELF test for an investigator-initiated study Fibroscan for an investigator-initiated study, part of LiverScreen, an EU funded project under grant agreement No 847989 ECM markers for investigator-initiated studies
13	Other financial or non-financial interests	None Board member and co-founder Evido	