Date	e : 23. december 2023		
You	r name: Martine Siw Nie	lsen	
Mar	nuscript title: Host	te-induceret respira	torkrævende larynx ødem
Mar	nuscript number (if known): UFL-10-23-0630	
are re third comn list a	elated to the content of yo parties whose interests m nitment to transparency a 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 ent 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
perta antih In ite	nins to the epidemiology of ypertensive medication, ex	hypertension, you should ven 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 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	
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		SS. 77 E 1851 FOW to dud CALIN TOWN
	e traine, pase 30 months		
2	Grants or contracts from	⋈ None	
	any entity (if not indicated in item #1 above).		
	iii iteiii #1 auove).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
	eddeational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel	Z None	
8	Datants planned issued or	M Name	
٥	Patents planned, issued or pending	⊠ None	
	penang		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or navisory 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	2	

🛛 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: 12. december 2023		
You	r name: Maria Bisgaard I	Borup	
Mar	nuscript title: Host	e-induceret respira	torkrævende larynx ødem
Mar	nuscript number (if known): UFL-10-23-0630	
are re third comm	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd 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.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	ins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n	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
	r items, the time frame for		· · · · · · · · · · · · · · · · · · ·
		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	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.		
		1	Click TAB in last row to add extra row
Time	e 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 Non	
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus,	Honoraria for lecture on ILD.	Boehringer Ingelheim
	manuscript writing or educational events	Honoraria for lecture on ILD.	GSK
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	Support for congress	Astra-Zeneca
		attending and travel	
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,	Z None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical	LI HOIIC	
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

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Date	29. november 2023		
You	r name: Jens Kjeldsen		
Mar	nuscript title: Host	e-induceret respira	torkrævende larynx ødem
Mar	nuscript number (if known): UFL-10-23-0630	
are re third comn list a The fe	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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Discrivities/interests as they relate to the current
The a perta antih In ite	uthor's relationships/activ 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)
	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	
3	Royalties or licenses	⊠ None	

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

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Date	e: 29. november 2023		
You	r name: Michael Stenger		
Mar	nuscript title: Host	e-induceret respira	torkrævende larynx ødem
	nuscript number (if known		00111100
are rethird committed in the second in the s	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interections apply to	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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Dis/activities/interests as they relate to the current
The aperta antih	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 1	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	⊠ None	
	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	
3	Royalties or licenses	⊠ None	

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

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Date	23. november 2023			
You	r name: Anders Rørbæk	Madsen		
Mai	nuscript title: Host	e-induceret respira	torkrævende larynx ødem	
Mai	nuscript number (if known): UFL-10-23-0630		
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 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 ent 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	
perta antih In ite	The author's relationships/activities/interests should be <u>defined broadly</u> . 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	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.) No time limit for this item.	None None		
I	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		
3	Royalties or licenses	⊠ None		

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

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Date	e: 23. december 2023		
You	r name: Henrik Schmidt		
Mai	nuscript title: Host	e-induceret resnira	torkrævende larynx ødem
	nuscript number (if known		torki evenue ini yira suem
IVIAI	nuscript number (ii known	j. 01 L-10-23-0030	
are re third comr 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. Os/activities/interests as they relate to the current
manı	uscript only.		
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 reported	defined broadly. For example, if your manuscript I 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	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)
Time	e frame: Since the initial plan	-	
1	All support for the present	⊠ None	
	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	e 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,	⊠ None
	manuscript writing or educational events	
6	Payment for expert testimony	⊠ None
	cestimony	
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 Advisory Board	⊠ None
10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	⊠ None
	Stock of Stock options	ZI NOIIC
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other services	
13	Other financial or non-	⊠ None
	financial interests	

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Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Dat	e : 14. december 2023		
You	r name: Torkell El	lingsen	
Mai	nuscript title: Host	e-induceret respira	torkrævende larynx ødem
	nuscript number (if known		
are rethird comrelist a The finance The aperta antih	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest following questions apply to ascript only. Buthor's relationships/activities to the epidemiology of hypertensive medication, experienced and the content of the second of the epidemiology of the properties of the epidemiology of the	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reported	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	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	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 any entity (if not indicated	⋈ None	
	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	⊠ None	
6	Payment for expert	⊠ None	
	testimony		
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	Z None	
10	Landouchin ou fiducione	N .	
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or advocacy group, paid or unpaid		
11	Charles an about a subject a	N.	
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	☑ None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	⊠ None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 26. november 2023		
You	r name: Jesper Rømhild	Davidsen	
Ma	nuscript title: Host	e-induceret respira	torkrævende larynx ødem
Ma	nuscript number (if known): UFL-10-23-0630	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd 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 relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	nins to the epidemiology of sypertensive medication, ev	hypertension, you should ven if that medication is n	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 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 plan	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
		whom you have this relationship or indicate none (add rows as needed) ning of the work	(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.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(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,	whom you have this relationship or indicate none (add rows as needed) ning of the work	(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.) No time limit for this	whom you have 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	whom you have this 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 item.	whom you have this 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)
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.	whom you have 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)
Tim 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).	whom you have this 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)
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	whom you have this 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
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Received honoraria for lectures on ILD by Boehringer Ingelheim
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	□ None
	meetings and/or travel	Received support for
		congress participation by
		Boehringer Ingelheim
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	□ None
	Safety Monitoring Board or Advisory Board	Participated on advisory boards on SSc-ILD and PF
	,	ILD barranged y
		Boehringer Ingelheim
10	Leadership or fiduciary	None Non
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
		· · · · · · · · · · · · · · · · · · ·
12	Other financial or non-	M None
13	Other financial or non- financial interests	⊠ None
13		⊠ None

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