

# ICMJE DISCLOSURE FORM

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

Date: 17. december 2023

Your name: Bente Villumsen

Manuscript title: Fælles beslutninger om effektmål og måleinstrumenter fører til mere betydningsfuld klinisk forskning

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.

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) |
|---|---|--|---|
| <b>Time frame: Since the initial planning of the work</b> |   |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b> |  |  |  |
| 2                                 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
|                                   |  |  |  |
| 3                                 | Royalties or licenses  | <input checked="" type="checkbox"/> None |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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Please place an "X" next to the following statement to indicate your agreement:

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**Date:** 16. december 2023

**Your name:** Dorthe B Berthelsen

**Manuscript title:** Fælles effektmål og måleinstrumenter fører til mere betydningsfuld klinisk forskning

**Manuscript number (if known):**

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>Time frame: past 36 months</b> |  |   |  |
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| 2                                 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> <b>None</b>  |  |
|                                   |  | Have received PhD Scholarships from Odense University Hospital and from the Faculty of Health Sciences, University of Southern Denmark. |  |

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| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None   |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None   |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None   |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None<br>Have received a grant from the Erna Hamilton Foundation to cover meeting registration fee and travel costs for OMERACT 2023 Conference. |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None   |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None   |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br>Fellow of the OMERACT Safety Working Group.  |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None   |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None   |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None   |  |
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Date: 18. december 2023

Your name: Gregor Jemec

Manuscript title: Fælles beslutninger om effektmål og måleinstrumenter fører til mere betydningsfuld klinisk forskning

Manuscript number (if known):

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| <b>Time frame: Since the initial planning of the work</b> |   |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None   |   |
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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). | <input type="checkbox"/> None |       |
|   |  | Abbvie                        | Grant |
|   |  | LeoFoundation                 | Grant |
|   |  | Novartis                      | Grant |
|   |  | UCB                           | Grant |
|   |  | CSL Behring                   | Grant |
|   |  | Regeneron                     | Grant |

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|--|--|----------------------|-------|
|  |  | Sanofi               | Grant |
|  |  | Boehringer-Ingelheim | Grant |
|  |  | Union therapeutics   | Grant |
|  |  | Toosonix             | Grant |
|  |  | Henlez               | Grant |

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|---|-----------------------|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None |  |
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| 4 | Consulting fees | <input type="checkbox"/> None |            |
|   |                 | LeoPharma                     | Honorarium |
|   |                 | Incyte                        | Honorarium |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None |  |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None |  |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None |  |
|   |                                    | Copyright holder HISQOL       | With J. Kirby, A. Garg, L. Thorlacius, B. Villumsen, J. Ingram |
|   |                                    |                               |  |

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None |               |
|    |   | Vice President EHSF           | Honorary Post |
|    |   | Chair CHORD                   | Honorary Post |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None |  |
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**Date:** 18. december 2023

**Your name:** Linnea Thorlacius

**Manuscript title:** Fælles effektmål og måleinstrumenter fører til mere betydningsfuld klinisk forskning

**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.

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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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). | <input checked="" type="checkbox"/> <b>None</b> |                 |
|   |  |   |                 |
| 3 | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b> | Pending: HiSQOL |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |                                 |
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|    |  |  |                                 |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None            |                                 |
|    |  |  | UCB: Honoraria for presentation |
|    |  |  |                                 |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |                                 |
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|    |  |  |                                 |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |                                 |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |                                 |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |                                 |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |                                 |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |                                 |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |                                 |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |                                 |
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**Date:** 16. december 2023

**Your name:** Prof Robin Christensen

**Manuscript title:** Fælles effektmål og måleinstrumenter fører til mere betydningsfuld klinisk forskning

**Manuscript number (if known):** TBD

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.

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| 3                                 | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b> |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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