Date:	12/5/2024	
Your Name:	Kasper Gadsbøll	
Manuscript Title:	Første trimester screeningen og FØTOdatabasen	
Manuscript Number (if known):	Click or tap here to enter text.	

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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	1 6
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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	
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13	Other financial or non-financial interests	⊠ None	
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Date:		12/4/2024	12/4/2024			
Your Name: Manuscript Title:		Karin Sundberg	Karin Sundberg			
		Første trimester screeningen og FØTOdatal	pasen			
Ma	nuscript Number (if kno	own): _x				
affind In i	ntent of your manuscript ected by the content of a licate a bias. If you are in e author's relationships/ demiology of hypertens at medication is not men	ency, we ask you to disclose all relationships/activities. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitmen doubt about whether to list a relationship/activity activities/interests should be defined broadly. For a ion, you should declare all relationships with manual tioned in the manuscript.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if			
		ame all entities with whom you have this elationship 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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		Time frame: past 36 month	ıs			
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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
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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	se place an "X" next	t to the following statement to indicate your agreemen	nt:
×	I certify that I have	answered every question and have not altered the wor	ding of any of the questions on this form

Date:	12/5/2024
Your Name:	Ida Kirkegaard
Manuscript Title:	Første trimester screeningen og FØTOdatabasen
Manuscript Number (if known):	Click or tap here to enter text.

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			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial plann	ing 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.	X	None	
		M	Time frame: past 36 mc	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

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			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X	None	
6	Payment for expert testimony	X	None	
7	Support for attending meetings and/or travel	X	None	
8	Patents planned, issued or pending	X	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X	None	

			ne all entities with whom you have this tionship or indicate none (add rows as ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None	
13	Other financial or non-financial interests	X	None	
Plea	ase place an "X" nex	ct to th	ne following statement to indicate your agre	eement:

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:	04-12-2024
Your Name:	Richard Farlie
Manuscript Title:	Første tri mester screeningen og FØTOdatabasen
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		Time frame: Since the initial planning o	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.	X None	
		Time frame: past 36 month	s control of the second se
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

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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)
4	Consulting fees	X None
5	Payment or honoraria for lectures,	X None
	presentations, speakers	
	bureaus,	
	manuscript writing or educational events	
6	Payment for expert testimony	X None
7	Support for attending meetings and/or	X None
	travel	
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring	X None
	Board or Advisory Board	

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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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:			Click or tap to enter a date.	31	2 - 20	STREINS	
Your Name:			Click or tap here to enter text.	TE	Nie	STREINS	
Manuscript Title:			Første trimester screeningen og F	ØTOdatab	asen		
M	anuscript Number (if k	known):	Click or tap here to enter text.				
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in			rt for the work reported in this man	rofit or no ommitmer o/activity/ dly. For e th manufa	t-for-profit of to transp finterest, it xample, if y acturers of a	third parties whose inte arency and does not ned is preferable that you do our manuscript pertains antihypertensive medica	erests may be dessarily do so. do the dion, even if
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and a		relations	hip or indicate none (add rows as r	(boboo			
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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.	\$ 10°	THE RESERVE AND ADDRESS OF	IACUES.	28 33 3	ou or to your institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	\$ 10°	Time frame: Since the initial	planning o	28 33 3	ou or to your institution	
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L		Name all entities with whom you have this relationship or indicate none (add rows as needed) ma	ecifications/Comments (e.g., if payments were de to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	Participation on a Data Safety Monitoring Board or Advisory Board	None	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	Ď None	
13	Other financial or non-financial interests	None None	
e.		to the following statement to indicate your agreement	

Date:	12/4/2024
Your Name:	Lars Henning Pedersen
Manuscript Title:	Første trimester screeningen og FØTOdatabasen
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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
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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)	
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
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Date:	12/4/2024
Your Name:	Olav Bjørn Petersen
Manuscript Title:	Første trimester screeningen og FØTOdatabasen
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Novo Nordisk Foundation (grant NNFSA170030576)	The Novo Nordisk Foundation grant NNFSA170030576 supports my position as 50% Clinical Professor at Copenhagen University / Copenhagen University Hospital, but NNF is not in any way involved in my research or clinical work - the funding goes directly to the hospital & university, who are my employers

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3	Royalties or licenses	None	
4	Consulting fees	None Non	
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	
10	Leadership or fiduciary role in other board,	[⊠] 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)	
	society, committee or advocacy group, paid or unpaid			
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:	12/8/2024	
Your Name:	Finn Stener Jørgensen	
Manuscript Title:	Første trimester screeningen og FØTOdatabasen	
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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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None	
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