

# ICMJE DISCLOSURE FORM

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

Date: 3. november 2024

Your name: Andreas Glenthøj

Manuscript title: CRISPR som funktionel kur af hæmoglobinsygdomme

Manuscript number (if known): UFL-10-24-0731

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)
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.	<input checked="" type="checkbox"/> None	

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Novo Nordisk	To my institution
		Sanofi	To my institution
		Agios Pharmaceuticals	Through EuroBloodNet Association to my institution
		Bristol Myers Squibb	To my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		Novo Nordisk	To me
		Pharmacosmos	To me
		Vertex Pharmaceuticals	To me
		Agios Pharmaceuticals	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Novo Nordisk	To me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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# ICMJE DISCLOSURE FORM

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Date: 3. december 2024

Your name: Eva Haastrup

Manuscript title: CRISPR som funktionel kur af hæmoglobinsygdomme

Manuscript number (if known): UFL-10-24-0731

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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# ICMJE DISCLOSURE FORM

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Date: 12. oktober 2023

Your name: Henrik Hasle

Manuscript title: CRISPR som funktionel kur af hæmoglobinsygdomme

Manuscript number (if known): UFL-10-24-0731

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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**Date:** 3. december 2024

**Your name:** Pernille Andersen

**Manuscript title:** CRISPR som funktionel kur af hæmoglobinsygdomme

**Manuscript number (if known):** UFL-10-24-0731

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	



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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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Date: 10. december 2024

Your name: Marianne Hutchings Hoffmann

Manuscript title: CRISPR som funktionel kur af hæmoglobinsygdomme

Manuscript number (if known): UFL-10-24-0731

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		One lecture (1 hour) given once in 2022(internal educational event) for Vertex	Private Honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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**Date:** Klik eller tryk for at angive en dato.

**Your name:** Marianne Ifversen

**Manuscript title:** CRISPR som funktionel kur af hæmoglobinsygdomme

**Manuscript number (if known):** UFL-10-24-0731

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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# ICMJE DISCLOSURE FORM

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

**Date:** 11. november 2024

**Your name:** Nina Toft

**Manuscript title:** CRISPR som funktionel kur af hæmoglobinsygdomme

**Manuscript number (if known):** UFL-10-24-0731

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## Time frame: past 36 months

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
		Amgen, advice on ALL treatment	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
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**Date:** 12. december 2024

**Your name:** Jesper Brix Petersen

**Manuscript title:** CRISPR som funktionel kur af hæmoglobinsygdomme

**Manuscript number (if known):** UFL-10-24-0731

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# ICMJE DISCLOSURE FORM

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Date: 24. oktober 2023

Your name: Brian Kornblit

Manuscript title: CRISPR som funktionel kur af hæmoglobinsygdomme

Manuscript number (if known): UFL-10-24-0731

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
		Immedica	
		Gilead	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Immedica	Private
		Medac	Private
		Sanofi	Private
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		Novo Nordisk	Stock - private
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 12. december 2024

Your name: Sarah Carlsen

Manuscript title: CRISPR som funktionel kur af hæmoglobinsygdomme

Manuscript number (if known): UFL-10-24-0731

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