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Date: 3. november 202	24	
Your name: Andreas	s 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.

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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 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.) No time limit for this	⊠ None	
	item.		

		Click TAD III last TOW to add extra Tows	
Time frame: past 36 months			
Grants or contracts from	□ None		
	Novo Nordisk	To my institution	
in item #1 above).	Sanofi	To my institution	
	Agios Pharmaceuticals	Through EuroBloodNet Association to my institution	
	Bristol Myers Squibb	To my institution	
Royalties or licenses	None Non		
	Grants or contracts from any entity (if not indicated in item #1 above).	Grants or contracts from any entity (if not indicated in item #1 above). Nove Nordisk Sanofi Agios Pharmaceuticals Bristol Myers Squibb	

4	Consulting fees	□ None	
		Novo Nordisk	To me
		Pharmacosmos	To me
		Vertex Pharmaceuticals	To me
		Agios Pharmaceuticals	To me
5	Payment or honoraria for	None Non	
Ü	lectures, presentations,	Zivone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
4	Doumont for ownert	57 N	
6	Payment for expert testimony	None Non	T
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
8	Patents planned, issued or		
0	pending	M None	
	Jan 1		
9	Participation on a Data	☐ None	
	Safety Monitoring Board or Advisory Board	Novo Nordisk	To me
	or Advisory Board		
10	3	⊠ None	
10	Leadership or fiduciary role in other board,	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or	⊠ None	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	None None None None None	
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,		
11	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	⊠ None	
11	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	⊠ None	
11	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	⊠ None	
11 12	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None	
11	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	⊠ None	
11 12	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None None None	

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

Date: 3. december 2024		
Your name: Eva Haastrup		
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.

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Tim	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.		

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 Non		

4	Consulting fees	⊠ 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
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 None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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Date: 12. oktober 202	3	
Your name: Henrik	Hasle	
Manuscript title: CRISPR som funktionel kur af hæmoglobinsygdomme		
Manuscript number (if known): UFL-10-24-0731		

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Time frame: Since the initial plan	nning of the work	
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	
No time limit for this item.		

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

4	Consulting fees	⊠ 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
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 None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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Date:	3. decemb	er 2024		
Your na	Your name: Pernille Andersen			
Manuscript title: CRISPR som funktionel kur af hæmoglobinsygdomme				
Manuscript number (if known): UFL-10-24-0731				

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T :		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	ining 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.		

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,	⊠ None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
l	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Z None	
9			
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		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
	SEL AICES		
13	Other financial or non-	⊠ None	
	financial interests		

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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			
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			

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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		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	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.		

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

4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	One lecture (1 hour) given once in 2022(internal educational event) for Vertex	Private Honoraria
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 Non	
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	e: Klik eller tryk for at	angive en dato.	
You	r name : Marianne Ifver	rsen	
Mar	nuscript title: CRISPF	R som funktionel kur af hæm	oglobinsygdomme
Mar	nuscript number (if known)): UFL-10-24-0731	
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.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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 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.) No time limit for this	⊠ None	
	item.		
		<u> </u>	Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses		
	,		

4	Consulting fees	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	⊠ None
	meetings and/or travel	
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
	-	
10	Leadership or fiduciary role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	None Non
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	None Non
	financial interests	

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Date: 11. nover	nber 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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T :		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	ining 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.		

Tim	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
		Amgen, advice on ALL treatment
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None
	manuscript writing or educational events	
	D	
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
0	Determination and increase on	
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board,	⊠ None
	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	
	33.7,003	
13	Other financial or non-	⊠ None
	financial interests	

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Date: 12. december 2	024
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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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.		

Tim	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,	⊠ None		
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	⊠ None		
l	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or	⊠ None		
	pending	Z None		
9	Destinientien en a Data			
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			
11	Stock or stock options	⊠ None		
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical			
	writing, gifts or other services			
	SEL AICES			
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.

Date: 24. oktober 2023
Your name: Brian Kornblit
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

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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 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	⊠ None	
	item.		OU L TARL LA

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

4	Consulting fees	None Non		
5	Payment or honoraria for	None Non		
	lectures, presentations,	Zivone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
	Dayman and fare assessed			
6	Payment for expert testimony	⊠ None		
	testimony			
7	Support for attending	None Non		
	meetings and/or travel	Immedica		
		Gilead		
8	Patents planned, issued or	✓ None		
0	pending			
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board	Immedidica	Private	
	or Advisory Board	Medac	Private	
		Sanofi	Private	
10	Leadership or fiduciary	⊠ None		
10	role in other board, society, committee or	Z None		
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	∇ None		
11	Stock of Stock options	■ None Novo Nordisk	Stock private	
		NOVO NOLUISK	Stock - private	
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None Non		
	financial interests			
Pleas	se place an "X" next to the	following statement to i	ndicate your agreement:	
Пι	certify that I have answer	ed every question and ha	ve not altered the wording of any of the	
	tions on this form.	-		
•				

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

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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-		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	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		

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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non	
,	Daymant for aveart	N N	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None	Travel expenses as well as board and lodging from Thalassaemia International Federation when participating Renzo Galanello Fellowship 2023 Travel expenses as well as board and lodging from Novartis (EHA 2024)
8	Patents planned, issued or	None Non	
	pending	Z NOTIC	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or advocacy group, paid or unpaid	2 140110	
11 Stock or stock options None			
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	None Non	

 \boxtimes 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

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