ICMJE DISCLOSURE FORM

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Date: 6. januar 2025

Your name: Mette Moresco Lange

Manuscript title: Atypiske nævi

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)**
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.**	☒ **None**	

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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
			Aage Bangs Fond

3	Royalties or licenses	☒ **None**	

4	Consulting fees	☒ **None**	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
			Pharmakon A/S

6	Payment for expert testimony	☒ **None**	

7	Support for attending meetings and/or travel	☐ **None**	
			Galderma

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**	

11	Stock or stock options	☒ **None**	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	
			Cremeprøver fra diverse kosmetiske firmaer

13	Other financial or non-financial interests	☒ **None**	

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☒ **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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Dato 4/2-2025

Your name: Trine Bertelsen

Manuscript title: atypisk mævus syndrom

Manuscript number (if known):

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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
			UCB, Abbvie, Novartis, Leo Pharma
			Aage Bang foundation, Wehnerts foundation

3	Royalties or licenses	☒ **None**	

4	Consulting fees	☐ **None**	
			UCB, Abbvie, Novartis, Leo Pharma, Nage

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
			UCB, Abbvie, Novartis, Leo Pharma

6	Payment for expert testimony	☐ **None**	
			UCB, Abbvie, Novartis, Leo Pharma

7	Support for attending meetings and/or travel	☐ **None**	
			UCB, Abbvie, Novartis, Leo Pharma, Galderma

8	Patents planned, issued or pending	☒ **None**	

9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
			UCB, Novartis

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
			All unpaid: Dansk dermatologisk selskab bestyrelsesmedlem, Hyperhidroseudvalg, Laserudvalg, Kirurgiske udvalg, Hidrosadenitis udvalg, Rådet for dyr sygehus medicin (RADS), Regionsmøde vedr. hirsutisme.

11	Stock or stock options	☐ **None**	
			Norm Invenst (ikke kendt pulje), Pension (ikke kendt pulje) Novo nordisk, Eli lilly, Boringer

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	
			Cremeprøver diverse kosmetiske firmaer

13	Other financial or non-financial interests	☐ **None**	
			Nage

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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: 7. februar 2025

Your name: Henrik F. Lorentzen

Manuscript title: Atypiske nævi

Manuscript number (if known):

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3	Royalties or licenses	☒ **None**	

4	Consulting fees	☒ **None**	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		LEO Pharma	lectures
		Galderma	lectures

6	Payment for expert testimony	☒ **None**	

7	Support for attending meetings and/or travel	☐ **None**	
		Sanofi	Support for participation in EADV (European academy of dermato-venerology)

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**	

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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