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. mar	Date: 3. marts 2025				
Your name:	Mette Blok-Andersen		,		
Manuscript title: Kvinde overlever højmalignt lymfom og samtidig hyperinfektion med Strongyloides stercoralis					
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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
Tim	e frame: Since the initial plar	ning 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.		

Click TAB in last row to add extra rows

2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
		Lundbeckfonden	Received a pre-graduate scholarship from LundbeckFonden during pregraduate research year. Granted dec. 2022.
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None		
	<u> </u>			
5	Payment or honoraria for	⊠ None		
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
	educational events			
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending	⊠ None	, .	
	meetings and/or travel			
8	Patents planned issued or	⊠ None		
°	Patents planned, issued or pending	□ None		
	Fa.ia.i.8		-	
\sqsubseteq	·			
9	Participation on a Data	⊠ None	- ,	
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board,			
	society, committee or			
-	advocacy group, paid or unpaid			
	unpaid			
11	Stock or stock options	⊠ None		
	· .			
12	Receipt of equipment,	⊠ None		
12	materials, drugs, medical	□ None		
	writing, gifts or other			
	services			
13	Other financial or non-	⊠ None		
- :-	financial interests			
	·			

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

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.

ICMJE DISCLOSURE FORM

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

You	Your name: Jacob Bjerg Hansen				
	Manuscript title: Kvinde overlever højmalignt lymfom og samtidig hyperinfektion				
	nuscript number (if known	-	gir lyilloni og samtalg hyperillektion		
IVIA	inuscript number (ir known	·/·			
are r third com	related to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the con 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.		
	following questions apply t uscript only.	o the author's relationshi	os/activities/interests as they relate to the <u>current</u>		
perta	ains to the epidemiology of	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
	em #1 below, report all sup r items, the time frame for	•	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)		
Tim	e frame: Since the initial plar	<u> </u>			
1	All support for the present	☑ None	· · · · · · · · · · · · · · · · · · ·		
manuscript (e.g., funding provision of study materials, medical writin article processing charge etc.)					
	Alexatore House Semales				
	No time limit for this item.				
			Click TAB in last row to add extra rows		
Tim	e frame: past 36 months				
HUA	e traine. past 30 months	TO SHE THE STATE OF THE STATE O	WE TEXT DAY THE EMELLINESS CHARLE AND LOWITHDE		
2	Grants or contracts from	⊠ None			
	any entity (if not indicated in item #1 above).				
3	Royalties or licenses	⊠ None			
	- 1::				

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
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

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

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.

ICMJE DISCLOSURE FORM

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

Date: 20. fel	Date : 20. februar 2025		
Your name: Fredrikke Christie Knudtzen			
Manuscript titl	Manuscript title: Kvinde overlever højmalignt lymfom og samtidig hyperinfektion med Strongyloides stercoralis		
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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
Tim	e frame: Since the initial plan	ining 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	

Click TAB in last row to add extra rows

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		17.	
					<u> </u>

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
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
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

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

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.