

ICMJE DISCLOSURE FORM

Date: 04/12/2023

Your Name: Jens Søndergaard

Manuscript Title: Redaktør på Promedicin

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 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. | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | | |
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| Time frame: past 36 months | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;"> Novo Nordic Foundation and Roche Diagnostics, Danida GSK, Region South Denmark's Research Funds, EU, Lundbeck fund, the Research fund for General Practice, the Ministry of Health, The Danish Health Authority, The Danish Authority of Patientsafety, MEDCOM and various other </td> <td style="width: 40%; padding: 5px;"> Economical support to various research projects. Payment to the institution </td> </tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | Novo Nordic Foundation and Roche Diagnostics, Danida GSK, Region South Denmark's Research Funds, EU, Lundbeck fund, the Research fund for General Practice, the Ministry of Health, The Danish Health Authority, The Danish Authority of Patientsafety, MEDCOM and various other | Economical support to various research projects. Payment to the institution | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>Novo Nordic</td> <td>Payment to me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | Novo Nordic | Payment to me | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Abbot Rapid Diagnostics a/s</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | Abbot Rapid Diagnostics a/s | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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|---|--|--|---|
| | society, committee or advocacy group, paid or unpaid | <div>None</div> <div></div> | |
| 11 | Stock or stock options | <div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div> | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div> | |
| 13 | Other financial or non-financial interests | <div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div> | |
| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> | | | |