

ICMJE DISCLOSURE FORM

Date: 01-11-2023

Your Name: Tine Oestergaard

Manuscript Title: Autoimmune and Neoplastic Comorbidities in Patients from the National Danish TET Database

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

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.

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Date: 1/11-2023

Your Name: Caroline Bjerke

Manuscript Title: Autoimmune and Neoplastic Comorbidities in Patients from the National Danish TET Database

Manuscript number (if known):

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Date: 01-11-2023

Your Name: Thomas Hartvig Lindkær Jensen

Manuscript Title: Autoimmune and Neoplastic Comorbidities in Patients from the National Danish TET Database

Manuscript number (if known):_

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ICMJE DISCLOSURE FORM

Date: 01.11.2023

Your Name: Katharina A. Perell

Manuscript Title: Autoimmune and Neoplastic Comorbidities in Patients from the National Danish TET Database

Manuscript number (if known):

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4	Consulting fees	__x__ None	

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ICMJE DISCLOSURE FORM

Date: May 19, 2023
 Your Name: Rene Horsleben Petersen
 Manuscript Title: Autoimmune and Neoplastic Comorbidities in Patients from the National Danish TET Database
 Manuscript number (if known): _____

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4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	Speaker fee: Medtronic, AMBU, AstraZeneca, Medela
6	Payment for expert testimony	_x___ None	
7	Support for attending meetings and/or travel	_x___ None	
8	Patents planned, issued or pending	___x___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	Advisory Board: AstraZeneca, BMS, Roche, MSD
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_x___ None	
11	Stock or stock options	_x___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___x___ None	
13	Other financial or non-financial interests	___x___ None	

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<p>Speaker fee: Medtronic, AMBU, AstraZeneca, Medela Advisory Board: AstraZeneca, BMS, Roche, MSD</p>
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 x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: November 1, 2023

Your Name: Peter Meidahl Petersen

Manuscript Title: Autoimmune and Neoplastic Comorbidities in Patients from the National Danish TET Database

Manuscript number (if known): _

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