

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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#### Definitions.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Pia      2. Surname (Last Name) Eiken      3. Date 05-June-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Maria Elisabeth Lendorf

5. Manuscript Title  
Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?     Yes     No

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Advisory board member for Amgen and Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speakers' bureau for Amgen, Eli Lilly and AstraZenica	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Own shares in Novo Nordisk A/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

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### Section 6. Disclosure Statement

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Dr. Eiken reports personal fees from Advisory board member for Amgen and Eli Lilly, personal fees from Speakers' bureau for Amgen, Eli Lilly and AstraZenica, other from Own shares in Novo Nordisk A/S, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Birgitte	2. Surname (Last Name) Lindegard	3. Date 06-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lendorf M
5. Manuscript Title Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark		
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Dr. Lindegaard has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ellen

2. Surname (Last Name)  
Løkkegaard

3. Date  
07-June-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark

6. Manuscript Identifying Number (if you know it)

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Dr. Løkkegaard has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Louise	2. Surname (Last Name) Brinth	3. Date 06-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria Elisabeth Lendorf
5. Manuscript Title Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark		
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Dr. Brinth has nothing to disclose.

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1. Given Name (First Name)  
Morten

2. Surname (Last Name)  
Bestle

3. Date  
05-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Maria Elisabeth Lendorf

5. Manuscript Title  
Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lisbet

2. Surname (Last Name)

Brandi

3. Date

04-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Maria Lendorf

5. Manuscript Title

Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sebastian	2. Surname (Last Name) Krog	3. Date 05-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria Elisabeth Lendorf
5. Manuscript Title Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Krog has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Peter Lommer

2. Surname (Last Name)  
Kristensen

3. Date  
04-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Maria Lendorf

5. Manuscript Title  
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Dr. has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Thea K

2. Surname (Last Name)  
Fischer

3. Date  
04-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Maria Lendorf

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Fischer has nothing to disclose.

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1. Given Name (First Name)  
Mogens

2. Surname (Last Name)  
Boisen

3. Date  
05-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Maria Lendorf

5. Manuscript Title  
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Dr. Boisen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Ulrik	2. Surname (Last Name) Pedersen-Bjergaard	3. Date 04-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lendorf M
5. Manuscript Title Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark		
6. Manuscript Identifying Number (if you know it)		

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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Dr. Pedersen-Bjergaard has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Camilla	2. Surname (Last Name) Koch Rysrø	3. Date 06-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria Elisabeth Lendorf
5. Manuscript Title Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark		
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### Section 1. Identifying Information

1. Given Name (First Name) Inger Merete	2. Surname (Last Name) Jørgensen	3. Date 04-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria Lendorf
5. Manuscript Title Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Maria Elisabeth

2. Surname (Last Name)  
Lendorf

3. Date  
07-June-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Characteristics and early outcomes of patients hospitalized for Coronavirus Disease 2019 (COVID19) in the North Zealand Region of Denmark

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Thomas Broe

2. Surname (Last Name)

Christensen

3. Date

06-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Maria Elisabeth Lendorf

5. Manuscript Title

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RUNA LOUISE M.

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NOLSFÆ

3. Date

2020-06-04

4. Are you the corresponding author?

Yes  No

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