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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?  
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)

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

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
No

Are there any relevant conflicts of interest?  
No

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
Yes

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
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<tr>
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<td>☑</td>
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<td></td>
</tr>
</tbody>
</table>

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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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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5. Relationships not covered above.
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Lindegaard
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Birgitte
2. Surname (Last Name)  
Lindegaard
3. Date  
06-June-2020
4. Are you the corresponding author?  
☐ Yes  ✔ 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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Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lindegaard has nothing to disclose.

Evaluation and Feedback

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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 (COVID-19) in the North Zealand Region of Denmark
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No

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Section 4. Intellectual Property -- Patents & Copyrights

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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?  
   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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   Yes  ☐  No  ✔

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Dr. Brinth 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)  
   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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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) 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

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. has nothing to disclose.

Evaluation and Feedback

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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? [ ] Yes [X] 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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Are there any relevant conflicts of interest? [ ] Yes [X] No

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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  
   - **Yes**

   **Corresponding Author's Name**  
   Maria Lendorf

5. **Manuscript Title**  
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Are there any relevant conflicts of interest?  

- Yes  
- No  
- **No**

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- Yes  
- No  
- **No**

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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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Boisen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mogens
2. Surname (Last Name) Boisen
3. Date 05-June-2020
4. Are you the corresponding author? ☑ No
Corresponding Author's Name Maria Lendorf

5. Manuscript Title
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Pedersen-Bjergaard
ICMJE Form for Disclosure of Potential Conflicts of Interest

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?  
   Yes ☐ No ✔

   Corresponding Author’s Name  
   Lendorf M

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Dr. Pedersen-Bjergaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Camilla
2. Surname (Last Name) Koch Ryrsø
3. Date 06-April-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 ☑

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

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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  
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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?  
   ☑ No  
   Corresponding Author’s Name  
   Maria Elisabeth Lendorf

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2. Surname (Last Name)  
   MOLSQE  
3. Date  
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4. Are you the corresponding author?  
   □ Yes  
   □ No  
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