

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anna Kirstine	2. Surname (Last Name) Ringgaard	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)		
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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Dr. Ringgaard has nothing to disclose.

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1. Given Name (First Name) Christoffer	2. Surname (Last Name) Vissing	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)		
6. Manuscript Identifying Number (if you know it) M20-6817		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kerstin

2. Surname (Last Name)
Skovgaard

3. Date
28-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Henning Bundgaard

5. Manuscript Title
Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)

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1. Given Name (First Name) Henrik	2. Surname (Last Name) Ullum	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
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Section 1. Identifying Information

1. Given Name (First Name)
Pernille B.

2. Surname (Last Name)
Nielsen

3. Date
28-October-2020

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Yes No

Corresponding Author's Name
Henning Bundgaard

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Section 1. Identifying Information

1. Given Name (First Name)

Nicole Bakkegård

2. Surname (Last Name)

Goecke

3. Date

28-April-1987

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Henning Bundgaard

5. Manuscript Title

Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)

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

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

Section 5. Relationships not covered above

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Goecke has nothing to disclose.

Evaluation and Feedback

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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) Thomas

2. Surname (Last Name) Benfield

3. Date 27-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Henning Bundgaard

5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it) M20-6817

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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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
Novo Nordisk Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant
Simonsen Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant and Advisory board member
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant and lecturing
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching
Gilead	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching/educational
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching and Advisory board member

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lundbeck Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kai Hansen Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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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Dr. Benfield reports grants from Novo Nordisk Foundation, grants from Simonsen Foundation, grants and personal fees from GSK, grants and personal fees from Pfizer, personal fees from Boehringer Ingelheim, grants and personal fees from Gilead, personal fees from MSD, grants from Lundbeck Foundation, grants from Kai Hansen Foundation, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ulrik

2. Surname (Last Name)

Winsløw

3. Date

27-October-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Henning Bundgaard

5. Manuscript Title

Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)

M20-6817

Section 2. The Work Under Consideration for Publication

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Dr. Winsløw 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)
Rasmus Bo

2. Surname (Last Name)
Hasselbalch

3. Date
27-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Henning Bundgaard

5. Manuscript Title
Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)
M20-6817

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Dr. Hasselbalch has nothing to disclose.

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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) 2. Surname (Last Name) 3. Date
 Christian Torp-Pedersen 02-November-2020

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

5. Manuscript Title
 Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Randomised study
Novo Nordisk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiological study

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. Torp-Pedersen reports grants from Bayer, grants from Novo Nordisk, 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) Ramona	2. Surname (Last Name) Trebbien	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)	_____	
6. Manuscript Identifying Number (if you know it) M20-6817	_____	

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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

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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Section 6. Disclosure Statement

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Dr. Trebbien has nothing to disclose.

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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)
Henning

2. Surname (Last Name)
Bundgaard

3. Date
22-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)

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. Bundgaard 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) Johan	2. Surname (Last Name) Bundgaard	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face mask for the protection against COVID-19 - a randomized controlled trial (DANMASK-19)		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kasper	2. Surname (Last Name) Iversen	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)		
6. Manuscript Identifying Number (if you know it) M20-6817		

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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Dr. Iversen 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)

Mikkel

2. Surname (Last Name)

Porsborg Andersen

3. Date

27-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Henning Bundgaard

5. Manuscript Title

Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)

M20-6817

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Dr. Porsborg Andersen 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)
Daniel Emil

2. Surname (Last Name)
Raaschou-Pedersen

3. Date
18-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Henning Bundgaard

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Raaschou-Pedersen 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)
Christian

2. Surname (Last Name)
von Buchwald

3. Date
27-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)

6. Manuscript Identifying Number (if you know it)
M-20-6817

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

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Dr. von Buchwald 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) Tobias	2. Surname (Last Name) Todsén	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jakob	2. Surname (Last Name) Norsk	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)		
6. Manuscript Identifying Number (if you know it) M20-6817		

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Dr. Norsk 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) Mia	2. Surname (Last Name) Pries-Heje	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)		
6. Manuscript Identifying Number (if you know it) M20-6817		

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Dr. Pries-Heje has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Kamille	2. Surname (Last Name) Fogh	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
5. Manuscript Title Face masks for prevention of COVID-19 in the community; a randomized clinical trial (DANMASK-19)		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Jonas	2. Surname (Last Name) Kristensen	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henning Bundgaard
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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 No

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Dr. Kristensen has nothing to disclose.

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