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<b>Date</b> : 22. maj 2025				
Your name: Christina Stilling				
Manuscript title: Myxom som årsag til cerebralt infarkt og arteriel okklusion i underekstremitet.				
Manuscript number (if known): UFL-03-25-0209				

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Tim	e frame: Since the initial plan	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Tim	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	<b>⊠</b> None		

4	Consulting fees	⊠ None			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None			
	Daywa and fau aya and	N			
6	Payment for expert testimony	<b>⊠</b> None			
	testimony				
7	Support for attending	☑ None			
	meetings and/or travel				
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8	Patents planned, issued or pending	<b>⊠</b> None			
	pending				
9	Participation on a Data	<b>⊠</b> None			
	Safety Monitoring Board				
	or Advisory Board				
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10	Leadership or fiduciary role in other board,	<b>⊠</b> None			
	society, committee or				
	advocacy group, paid or				
	unpaid				
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11	Stock or stock options	<b>⊠</b> None			
12 Receipt of equipment,   None					
	materials, drugs, medical	KA MONE			
	writing, gifts or other				
	services				
13	Other financial or non-	<b>⊠</b> None			
	financial interests				

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Date:	26. maj 2025				
Your n	Your name: Viktor Stefanov- afdelingslæge Viborg Sygehus				
Manus	Manuscript title: Myxom som årsag til cerebralt infarkt og arteriel okklusion i underekstremitet.				
Manuscript number (if known): UFL-03-25-0209					

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Tim	Time frame: past 36 months			
2	Grants or contracts from	☑ None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	<b>⊠</b> None		

4	Consulting fees	⊠ None	
г	Dayment or beneraria for	N N	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony	Z None	
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7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
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8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	M Nama	
9	Safety Monitoring Board	<b>⊠</b> None	
	or Advisory Board		
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10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
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11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical	Zivone	
	writing, gifts or other		
	services		
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13	Other financial or non-	<b>⊠</b> None	
	financial interests		

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Dat	<b>e</b> : 27. maj 2025				
You	Your name: Wenja Heijkoop				
Mai	Manuscript title: Myxom som årsag til cerebralt infarkt og arteriel okklusion i underekstremitet.				
Mai	nuscript number (if known)	): UFL-03-25-0209			
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	uscript only.	,	<u></u>		
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		Name all entities with	Specifications/Comments		
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
Time	e frame: Since the initial plan				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	<b>⊠</b> None			
	No time limit for this				
	item.				
Tim	e frame: past 36 months		Click TAB in last row to add extra rows		
2	Grants or contracts from	⊠ None			
	any entity (if not indicated				
	in item #1 above).				

Royalties or licenses

**⊠** None

4	Consulting fees	<b>⊠</b> None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
6	Dayment for expert	77 N
ь	Payment for expert testimony	⊠ None
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7	Support for attending	None     Non
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
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9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
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12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other	
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13	Other financial or non-	⊠ None
	financial interests	
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2	2 Grants or contracts from any entity (if not indicated	☑ None		
	in item #1 above).			
3	Royalties or licenses	<b>⊠</b> None		

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests	4 Consulting fees  None			
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9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options    None	8		<b>⋈</b> None	
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Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options    None				
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10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-    None				
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advocacy group, paid or unpaid  11 Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  None  None		society, committee or advocacy group, paid or		
unpaid  11 Stock or stock options				
11 Stock or stock options  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  None  None				
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services  13 Other financial or non-  Mone				
13 Other financial or non-  None				
financial interests	13		<b>⊠</b> None	

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<b>Date</b> : 23. maj 2025			
Your name: Louise Feilberg Rasmussen			
Manuscript title: Myxom som årsag til cerebralt infarkt og arteriel okklusion i underekstremitet.			
Manuscript number (if known): UFL-03-25-0209			
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Tim	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None		
3	Royalties or licenses	<b>⊠</b> None		

4	4 Consulting fees  None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert	M Name	
O	Payment for expert testimony	<b>⊠</b> None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
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8	Patents planned, issued or pending	<b>⊠</b> None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Loadorchin or fiduciary	M Name	
10	Leadership or fiduciary role in other board,	<b>⊠</b> None	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical writing, gifts or other		
	services		
		_	
13	Other financial or non- financial interests	⊠ None	

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<b>Date</b> : 27. maj 2025				
Your name: Nina Irena Frederiksen				
Manuscript title: Myxom som årsag til cerebralt infarkt og arteriel okklusion i underekstremitet.				
Manuscript number (if known): UFL-03-25-0209				

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	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
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7	Support for attending	⊠ None
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8	Patents planned, issued or	⊠ None
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9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
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	advocacy group, paid or unpaid	
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11	Stock or stock options	⊠ None
12	Possint of aguinment	M Name
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non- financial interests	⊠ None

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