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Date	<b>e</b> : 27. oktober 2023		
You	r name: Preben Homøe		
Mar	nuscript title: Ansigt	straumer i øre-næse-hals	specialet
	nuscript number (if known		3753333
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	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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		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	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.)  No time limit for this item.	⊠ None	
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
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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 advocary 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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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-  None	5	lectures, presentations, speakers bureaus, manuscript writing or	⊠ None		
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Pending  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		meetings and/or travel			
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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		⊠ None		
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society, committee or advocacy group, paid or unpaid  11 Stock or stock options    None	10	role in other board, society, committee or advocacy group, paid or	⊠ None		
advocacy group, paid or unpaid  11 Stock or stock options  None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None					
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writing, gifts or other services  13 Other financial or non- None	12	materials, drugs, medical writing, gifts or other	△ None		
services  13 Other financial or non-   None					
financial interests	13		⊠ None		

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Dat	<b>e</b> : 8. august 2025					
You	ı <b>r name</b> : Thorbjørn Herm	anrud				
Mai	nuscript title: Ansigt	tstraumer i øre-næse-hals	specialet			
Mai	Manuscript number (if known): ?					
are re third comr list a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interes	ur manuscript. "Related" ay be affected by the content of does not necessarily in est, it is preferable that yo				
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>			
perta antih In ite	ains to the epidemiology of sypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all months.			
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	item.					
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	in item #1 above).					
3	Royalties or licenses	⊠ None				

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

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