ICMJE DISCLOSURE FORM

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Date: 14. februar 2022		
Your name: Rie Daugberg		
Manuscript title: Spontan pneumomediastinum fejltolket som anafylaksi hos 4-årig dreng		
Manuscript number (if known): UFL-02-22-0111		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
Tim	e frame: Since the initial plan	ning of the work	
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Click TAB in last row to add extra rows

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2	2 Grants or contracts from	None	
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	in item #1 above).		
,			
3	Royalties or licenses	None Non	

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

Please place an "X" next to the following statement to indicate your agreement:

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Date	2: 14. februar 2022		
Your name: Ann-Marie Malby Schoos			
Mar	Manuscript title: Spontan pneumomediastinum fejltolket som anafylaksi hos 4-årig dreng		
Mar	nuscript number (if known): UFL-02-22-0111	
are re third comn	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the conf nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
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