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Dat	e : 24. marts 2023		
You	r name: Sakshi Anderse	n	
Mai	nuscript title: Tilfredsstillende	e kosmetisk resultat efter konse	rvativ behandling af læbelæsioner med substanstab
Mai	nuscript number (if known	n):	
are re third comr list a	elated to the content of your parties whose interests mented to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of hypertensive medication, e	f hypertension, you should ven 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.
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	needed)	
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
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2	Grants or contracts from any entity (if not indicated	⊠ None	
3	Grants or contracts from		

4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
	lectures, presentations,			
	speakers bureaus, manuscript writing or educational events			
	educational events			
6	Payment for expert	⊠ None		
	testimony			
-	Comment for other disc.	57		
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or	⊠ None		
	pending	Z None		
	-			
9	Participation on a Data	⊠ None		
	Safety Monitoring Board or Advisory Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board, society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
	JCI VICCJ			
13	Other financial or non-	⊠ None		
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You	r name: Michael Prai	ngsgaard Møller	
Mai	nuscript title:		
Mai	nuscript number (if known):	
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should wen 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.
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
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3	Royalties or licenses	⊠ None	
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4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Dayment for expert	M Nama		
0	Payment for expert testimony	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel	Z None		
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8	Patents planned, issued or	☑ None		
	pending			
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9	Participation on a Data	⊠ None		
	Safety Monitoring Board or Advisory Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board, society, committee or advocacy group, paid or unpaid			
11	14 Charles a stack antique 57 N			
11	Stock or stock options	⊠ 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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Date	e: Klik eller tryk for at angive	e en dato.	
You	r name: Ida Felbo Po	ld	
Mai	nuscript title:		
Mai	nuscript number (if known): 71186	
are ro third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
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	m #1 below, report all supper items, the time frame for	•	d in this manuscript without time limit. For all 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)
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Time	e frame: past 36 months		
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	in item #1 above).		
3	Royalties or licenses	⊠ None	

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