

ICMJE DISCLOSURE FORM

Date: 11.01.2023

Your Name: Gideon Friderichsen Strange

Manuscript Title: Hjertestop under hyperakut kejsersnit som følge af peripartum kardiomyopati

Manuscript Number (if known): [Click or tap here to enter text.](#)

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The author's relationships/activities/interests should be defined broadly. 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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Ilben Sundtoft

Manuscript Title: Hjertestop under hyperakut kejsersnit som følge af peripartum kardiomyopati

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Niwar Faisal Mohamad

Manuscript Title: Hjertestop under hyperakut kejsersnit som følge af peripartum kardiomyopati

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