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Date	e : 25. oktober 2022		
You	r name: Søren Lambæk	Knudsen	
Mar	nuscript title: Evaluation of I	PET/CT compared to tempora	al artery biopsy in the diagnosis of giant cell arteritis
Mar	nuscript number (if known):	
are re third comn 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 cont nd does not necessarily in est, it is preferable that yo	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. Discriptions of the current o
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript I 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 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 plar	nning of the work	
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	⊠ None	
	item.		
			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	
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
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	
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	

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Vai	ur name: Marianne Pede	roon	
	ur name: Marianne Pede eritis.	is Seri	
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man	uscript only.		
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Tim	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. Grants or contracts from	X None	Click TAB in last row to add extra rows
Tim	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. Grants or contracts from any entity (if not indicated	X None	Click TAB in last row to add extra rows

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

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Dat	e : 27. oktober 2022		
You	Ir name: Therese Ovesen		
Mai	nuscript title: Evaluation of I	PET/CT compared to tempora	al artery biopsy in the diagnosis of giant cell arteritis
	nuscript number (if known	<u>`</u>	
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	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 appertensive medication, ever #1 below, report all sup	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
othe	r items, the time frame for	disclosure is the past 36 r	nonths.
		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		ming of the work	
-	All support for the present		
	manuscript (e.g., funding,	⊠ None	
	manuscript (e.g., funding, provision of study		
	manuscript (e.g., funding, provision of study materials, medical writing,		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,		
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Time	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this		Click TAB in last row to add extra rows
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Time 2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. e frame: past 36 months		Click TAB in last row to add extra rows
	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
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).	None None None	Click TAB in last row to add extra rows
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. e frame: past 36 months Grants or contracts from any entity (if not indicated	None None None	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).	None None None	Click TAB in last row to add extra rows Textbook Textbook

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony	E HOIC	
7	Support for attending	□ None	
	meetings and/or travel	PER-IADR (odontologic conference)	Invited speaker, September, 2022
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11 Stock or stock options None		⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	Other financial or non- financial interests	⊠ None	

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