

# ICMJE DISCLOSURE FORM

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**Date:** 26. september 2023

**Your name:** Thomas B. Piper

**Manuscript title:** Minimal invasiv (jule)-hjertekirurgi

**Manuscript number (if known):** 1

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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)
<b>Time frame: Since the initial planning of the work</b>			
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## Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
		Grant for first year of Ph.D. from Arthrex inc	
		Grant for second and third year of Ph.D. from Rigshospitalets Forskningsfond	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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**Date:** Klik eller tryk for at angive en dato.

**Your name:** August Adelsten Olsen

**Manuscript title:** Minimal invasiv (jule)-hjertekirurgi

**Manuscript number (if known):**

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		Rigshospitalets forskningsfond	Løn som PhD
		Kong Christian den 10s fond	Blodprøveanalyser til andet projekt
		Lippmann fonden	Blodprøveanalyser til andet projekt
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Jubilæumsfonden fra Rigshospitalet	Deltagelse I ACS 2023
		William Demant fonden	Deltagelse I ACS 2023
		Familien Hede Nielsen fonden	Deltagelse I ACS 2023
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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**Date:** 27. september 2023

**Your name:** Nikolaj Nerup

**Manuscript title:** Minimal invasiv (jule)-hjertekirurgi

**Manuscript number (if known):**

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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Arthrex	To research account
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Medtronic	To research account
		Advisory board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
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