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Date: 27	7. november 2023		
Your nam	1e: Mathias Sinkbæk Thomsen		
Manuscript title: Perioperativt Anafylaktisk Shock for Propofol			
Manuscript number (if known): UFL-08-23-0511			
Manuscript number (if known): UFL-08-23-0511			

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.

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Tim	Time frame: past 36 months		
2	Grants or contracts from	None Non	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None Non	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 Non
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
13	Other financial or non- financial interests	⊠ None
		<u> </u>

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Date	e : 13. oktober 2023		
You	r name: Birgitte Bech Me	elchiors	
Mar	_	perativt Anafylaktis	k Shock for Propofol
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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)
Time	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	⊠ None
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
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13	Other financial or non- financial interests	None

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Date	e : 25. oktober 2023		
You	r name: Lene Heise Garv	/ey	
Mar	nuscript title: Perio	perativt Anafylaktis	k Shock for Propofol
Mar	nuscript number (if known):	•
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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)
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111110	e frame. past 50 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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Υοι	ır name: Christian Jesse	n (woon	27/9-23
Ma	nuscript title: Periop	erativt Anafylaktisk Shock fo	or Propofol	(
Ma	nuscript number (if knowr	n):		
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		Name all entities with	Specifications/Co	ammonts.
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