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Date: 6. november 2023

Your name: Johannes Grand

Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric Sensing

Manuscript number (if known):

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Date: 10. november 2023

Your name: Nicolai B Foss

Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric Sensing

Manuscript number (if known):

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Date: 7. november 2023

Your name: Ekim Seven

Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric

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Date: 7. november 2023

Your name: Frederik Holm Grund Pedersen

Manuscript title The acute effects of furosemide in acute heart failure assessed by Remote Dielectric

Manuscript number (if known):

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Date: 6. november 2023

Your name: Jens Dahlgaard Hove

Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric

Manuscript number (if known):

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Date: 6. november 2023

Your name:

Jasmin Dam Lukoschewitz

Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric Sensing (ReDS)

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Date: 6. november 2023

Your name:

Nora Olsen El Caidi

Manuscript title: The acute effects of furosemide in acute heart failure assessed by Remote Dielectric Sensing (ReDS)

Manuscript number (if known):

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Date: 12. november 2023

Your name: Olav W Nielsen

Manuscript title: The acute effects of furosemide on pulmonary congestion in patients with acute heart failure assessed by Remote Dielectric Sensing (ReDS): Protocol for a prospective interventional study.

Manuscript number (if known):

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Date: 5/12-23

Your name: Morten Pedersen

Manuscript title: The acute effects of furosemide on pulmonary congestion in patients

Manuscript number (if known):

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Date: 1. december 2023

Your name: Ulrik Dixen

Manuscript title: The acute effects of furosemide on pulmonary congestion in patients with acute heart failure

Manuscript number (if known):

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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	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export **the filled in form as PDF before submitting** it to Ugeskrift for Læger or Danish Medical Journal.