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Dat	e : 3. januar 2024		
You	r name: Carsten Sauer N	1ikkelsen	
Mai	nuscript title Akut luftve	isobstruktion og svæ	er acidose efter indtagelse af hvalkød
	nuscript number (if known	<u> </u>	3
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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	
U		None	
	,		
7	Support for attending	⊠ None	
	meetings and/or travel		
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8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board	⊠ None	
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11	Stock or stock options	⊠ None	
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13	Other financial or non- financial interests	⊠ None	

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You	r name: Michala Norsell		
Mai	nuscript title Akut luftve	jsobstruktion og svæ	er acidose efter indtagelse af hvalkød
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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>
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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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7	Support for attending	⊠ None	
	meetings and/or travel		
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8	Patents planned, issued or	⊠ None	
	pending		
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	or Advisory Board		
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Date	e : 3. januar 2024		
You	r name: Luit Penninga		
Mar	nuscript title Akut luftve	isobstruktion og svæ	er acidose efter indtagelse af hvalkød
	nuscript number (if known	·	3
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	ollowing 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	ins to the epidemiology of ypertensive medication, ev	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 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)
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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	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
	eddedtional events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	M Name	
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	or Advisory Board		
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