

# ICMJE DISCLOSURE FORM

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Date: 07.03.26

Your name: JENNY LAUGEN MARTHINSEN

Manuscript title: Accessorisk Ext. Pollicis Longus

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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	
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**Date:** Klik eller tryk for at angive en dato. 10/3-26

**Your name:** Christoph Carl Aurdt

**Manuscript title:** Accessorisk ext. pollicis longus

**Manuscript number (if known):** \_\_\_\_\_

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