

ICMJE DISCLOSURE FORM

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Date: 6. maj 2024

Your name: Sofie Skovgaard Jensen

Manuscript title: Slimhindereaktion på Mycoplasma infektion (RIME)

Manuscript number (if known):

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.

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Time frame: past 36 months			
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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	
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Date: 26. april 2024

Your name: Rasmus Skov Kolind

Manuscript title: **Slimhindereaktion på Mycoplasma infektion (RIME)**

Manuscript number (if known):

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Date: 26. april 2024

Your name: Maren Johanne Heilskov Rytter

Manuscript title: **Slimhindereaktion på Mycoplasma infektion (RIME)**

Manuscript number (if known):

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