

ICMJE DISCLOSURE FORM

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Date: 17. december 2025

Your name: Nicolai Holm Kjærgaard

Manuscript title: Penetrerende ansigtstraume med sømpistol

Manuscript 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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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Your name: Emma Julie Hvidberg-Hansen Kristensen

Manuscript title: Penetrerende ansigtstraume med sømpistol

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