

# ICMJE DISCLOSURE FORM

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**Date:** 13. september 2023

**Your name:** Per Hostrup Nielsen

Manuscript title: Slipping rib syndrom – en uerkendt årsag til nedre thorakale eller øvre abdominale smerter

Manuscript number (if known): UFL-05-23-0330

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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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