

# ICMJE DISCLOSURE FORM

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**Date:** 14. oktober 2024

**Your name:** Gustav Holck Normann

**Manuscript title:** Point-of-care test af optimalt væskeindhold i flæsketeg - et prospektivt observationelt studie

**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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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:** 14. oktober 2024

**Your name:** Phillip Kaasgaard Sperling

**Manuscript title:** Point-of-care test af optimalt væskeindhold i flæsketeg - et prospektivt observationelt studie

**Manuscript number (if known):**

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	J Kaasgaard Previous and ongoing pork-related gifts
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