

## ICMJE DISCLOSURE FORM

**Date:** 9/24/2025

**Your Name:** Sarah Østergaard Holm

**Manuscript Title:** Dermatologiens julepalet: Et eksperimentelt studie af juleudsmykning med topikale præparater

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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Your name KRISTIN BERGMANN

Manuscript title DERMATOLOGIENS JULEPALET: ET EKSPERIMENTELT STUDIUM AF JULEDSMYKNING

Manuscript number 20258

MED TOPIKALE PRÆPARATER

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**Date:** 05/11/2025

**Your name:** Cecilia Dalqvist Jakobsen

**Manuscript title:** Dermatologiens julepalet: Et eksperimentelt studie af juleudsmykning med topikale

**Manuscript number**

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