

# ICMJE DISCLOSURE FORM

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**Date:** 25. april 2024

**Your name:** Mette Sommerlund

**Manuscript title:** Allergisk kontakteksem for akrylater i gellak til negle imiterer kryoglobulinæmi

**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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 25. april 2024

Your name: Anne Bregnhøj

Manuscript title: Allergisk kontakteksem for akrylater i gellak til negle imiterer kryoglobulinæmi

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*Aca Byrley*

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**Date:** 25. april 2024

**Your name:** Aska Drljevic-Nielsen

**Manuscript title:** Allergisk kontakteksem for akrylater i gellak til negle imiterer kryoglobulinæmi

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