

ICMJE DISCLOSURE FORM

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Date: 16. april 2021

Your name: Ilija Ban

Manuscript title: Isoleret luksation af det proximale tibiofibulare led

Manuscript number (if known): UFL-04-21-0314

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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		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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Time frame: past 36 months			
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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Date: 16. april 2021

Your name: Camilla Holmenlund

Manuscript title: Isoleret luksation af det proximale tibiofibulare led

Manuscript number (if known): UFL-04-21-0314

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Date: 16. april 2021

Your name: Anne Marie Nyholm

Manuscript title: Isoleret luksation af det proximale tibiofibulare led

Manuscript number (if known): UFL-04-21-0314

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