## ICMJE DISCLOSURE FORM

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Date: 12. maj 2021				
Your name: Henrik Krarup				
Manuscript title:	Moderne diagnostik af hepatitis C			
Manuscript number (if known): 3585809				

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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	any entity (if not indicated			
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3	Royalties or licenses	None     Non		

4	Consulting fees	None     ■     None	
-	December 1 and 1 a		
5	Payment or honoraria for lectures, presentations,	None     Non	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel	Z Nono	
	Ç		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None     Non	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	None     Non	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
	· ·		
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical	None     Non	
12		⊠ None	
	writing, gifts or other		
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13	Other financial or non- financial interests	None     Non	

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