

ICMJE DISCLOSURE FORM

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Date: 27. juli 2021

Your name: Anders Gram-Hanssen

Manuscript title: Development of a core outcome set for groin hernia trials: a study protocol

Manuscript number (if known): N/A

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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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		Trygfonden	PhD submission fee
		Herlev og Gentofte Hospitals Forskningsråd	Pre-graduate scholarship
		Copenhagen Health Innovation Scholarship	Course fee.
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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	
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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 27. juli 2021

Your name: Jacob Rosenberg

Manuscript title: Development of a core outcome set for groin hernia trials: a study protocol

Manuscript number (if known): N/A

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