# **ICMJE DISCLOSURE FORM**

Date: 29. september 2021				
Your name: Chastine Kølster				
Manuscript title: Spontan pneumomediastinum som komplikation til jubelscene under EM-kvartfinale				
Mai	nuscript number (if known)	: UFL-09-21-0693		
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.				
	The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> .			
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	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	X None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None
11	Stock or stock options	X None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None
13	Other financial or non- financial interests	X 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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# **ICMJE DISCLOSURE FORM**

Date: 29. september 2021			
Your name: Lasse Jensen			
Manuscript title: Spontan pneumomediastinum som komplikation til jubelscene under EM-kvartfinale			
Maı	nuscript number (if known)	: UFL-09-21-0693	
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# **ICMJE DISCLOSURE FORM**

Date: 29. september 2021				
Your name: Malene Kirchmann				
Mai	Manuscript title: Spontan pneumomediastinum som komplikation til jubelscene under EM-kvartfinale			
Mai	nuscript number (if known)	: UFL-09-21-0693		
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