

# ICMJE DISCLOSURE FORM

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**Date:** 28. juli 2021

**Your name:** Anders Højslet Vestergaard

**Manuscript title:** Sjældnen medfødt linseanomali afbilledet med forreste OCT-scanning

**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>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

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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	
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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:** 28. juli 2021

**Your name:** Else Gade

**Manuscript title:** Sjældnen medfødt linseanomali afbilledet med forreste OCT-scanning

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**Date:** 27. juli 2021

**Your name:** Sami Dabbah

**Manuscript title:** Sjældnen medfødt linseanomali afbilledet med forreste OCT-scanning

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