# ICMJE DISCLOSURE FORM

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Date: 11. oktober 2021				
Your name: Christian Snitkjær				
Manuscript title: Akut cholangitis grundet metalklips i ductus choledochus efter laparoskopisk cholecystektomi				
Manuscript number (if known): UFL-09-21-0737				

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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.

		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)
Tim	e frame: Since the initial plan	nning of the work	
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Tim	Time frame: past 36 months			
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3	Royalties or licenses	⊠ None		

4	Consulting fees	■ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None     Non	
	testimony		
7	Support for attending	None     Non	
	meetings and/or travel	Z Nono	
8	Patents planned, issued or	None     Non	
	pending	Z None	
9	Participation on a Data	None     Non	
	Safety Monitoring Board	Z NONO	
(	or Advisory Board		
10	Leadership or fiduciary	None     Non	
	role in other board,	Z NONO	
	society, committee or		
	advocacy group, paid or unpaid		
	unpaiu		
11	Stock or stock options		
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	materials, drugs, medical		
	writing, gifts or other services		
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Manuscript title: Akut cholangitis grundet metalklips i ductus choledochus efter laparoskopisk cholecystektomi				
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	etc.)		
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Date: 11. oktober 2021				
Your name: Anders Peter Skovsen				
Manuscript title: Akut cholangitis grundet metalklips i ductus choledochus efter laparoskopisk cholecystektomi				
Manuscript number (if known): UFL-09-21-0737				

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