

# ICMJE DISCLOSURE FORM

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Date: 28. oktober 2021

Your name: Priyanka Pagh

Manuscript title: COVID-19 induceret Stevens-Johnson syndrom

Manuscript number (if known): UFL-10-21-0804

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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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Date: 29. oktober 2021

Your name: Ann-Kathrine Rossau

Manuscript title: COVID-19 induceret Stevens-Johnson Syndrom

Manuscript number (if known): UFL-10-21-0804

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