

ICMJE DISCLOSURE FORM

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Date: 27. september 2021

Your name: Andreas Hallan

Manuscript title: Kollagen sprue hos en patient med svær diarré, malnutrition og akut nyresvigt

Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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)
Time frame: Since the initial planning of the work			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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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	
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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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 18. oktober 2021

Your name: Rikke Hjarnø Hagemann-Madsen

Manuscript title: Kollagen sprue hos en patient med svær diarré, malnutrition og akut nyresvigt

Manuscript number (if known):

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Date: 10/18/2021

Your Name: Torben Nathan

Manuscript Title: Kollagen sprue hos en patient med svær diarré, malnutrition og akut nyresvigt

Manuscript Number (if known): -

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 259 1533 360"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 479 1533 580"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 696 1533 797"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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Date: 15. oktober 2021

Your name: Michael Dam Jensen

Manuscript title: Kollagen sprue hos en patient med svær diarré, malnutrition og akut nyresvigt

Manuscript number (if known):

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4	Consulting fees	<input type="checkbox"/> None	
		Tillott's Pharma	Personal fee for consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Tillott's Pharma	Personal fee for lectures
		Takeda Pharma	Personal fee for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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