ICMJE DISCLOSURE FORM

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Date	e: 30. januar 2021		
You	r name: Mogens Lytken	Larsen	
Mar	nuscript title: Motion	– stadig en hjørnesten i hje	rterehabiliteringen?
Mar	nuscript number (if known	n):	
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			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⋈ None	
3	Royalties or licenses	⊠ None	

4	Consulting fees	□ None	
		Konsulent bidrag fra Region Syddanmark i forbindelse med projektet HjerteRo	
5	Payment or honoraria for	⊠ None	
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	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
	•		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	⊠ None	

Please place an "X" next to the following statement to indicate your agreement:

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