

# ICMJE DISCLOSURE FORM

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**Date:** 16. august 2021

**Your name:** Sara K. Saunte

**Manuscript title:** Negleforandring ved mukoid cyste

**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)
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**Date:** 16. august 2021

**Your name:** Gregor B.E. Jemec

**Manuscript title:** Negleforandring ved mukoid cyste

**Manuscript number (if known):**

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