## **ICMJE DISCLOSURE FORM**

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Dat	<b>e</b> : 3. april 2022		
You	ır name: Niels Ellits	gaard	
<b>Mai</b> barn	•	iniversel versus selektiv ultralyds	kanning ved diagnostik af hoftedysplasi hos det nyfødte
Maı	nuscript number (if kr	nown):	
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perta antih In ite	ains to the epidemiologypertensive medications #1 below, report all	gy of hypertension, you shoul on, even if that medication is r	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.  ed in this manuscript without time limit. For all 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	e frame: Since the initia	l planning of the work	
1	All support for the pre manuscript (e.g., fund) provision of study materials, medical wri- article processing char etc.)	ting,	
	No time limit for this		
	item.		
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Time	e frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicate in item #1 above).		
	-		<u> </u>
3	Royalties or licenses	<b>⊠</b> None	

4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations,	⊠ None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
-		<b></b>		
6	Payment for expert	⊠ None		
	testimony			
7	7 Support for attending VAL-			
,	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or	⊠ None		
•	pending	Z None		
9	Participation on a Data	⊠ None		
	Safety Monitoring Board or Advisory Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board,			
	society, committee or			
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	⊠ None		
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13 Other financial or non- None				
13	financial interests	⊠ None		

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

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