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Date: 15. november 2021

Your name: Anders Christensen

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

Manuscript number (if known):

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Your name: Birgitte Wittenborg Charabi

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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Your name: Christian von Buchwald

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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Your name: Eva Kirkegaard Kiær

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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Your name: Hani Ibrahim Channir

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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Your name: Jesper Tvedskov

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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Your name: Mikkel Hjordt Holm Larsen

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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Your name: Niclas Rubek

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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Your name: Susanne Irene Scott

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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Your name: Anne Kathrine Østergaard Madsen

Manuscript title: Robotkirurgiens udvikling, status og perspektiver inden for øre-næse-halskirurgi

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.