

# ICMJE DISCLOSURE FORM

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**Date:** 20. december 2021

**Your name:** Pernille T. Jensen

**Manuscript title:** Robotkirurgi er bredt implementeret indenfor gynækologien i Danmark

**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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Date:** 20. december 2021

**Your name:** Ole Mogensen

**Manuscript title:** Robotkirurgi er bredt implementeret indenfor gynækologien i Danmark

**Manuscript number (if known):**

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