

ICMJE DISCLOSURE FORM

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Date: 11. august 2022

Your name: Rebekka Vibjerg Jensen

Manuscript title: Kronisk lukkede kranspulsårer – en terapeutisk udfordring

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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Time frame: past 36 months

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<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	
11	Stock or stock options	<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: 11. august 2022

Your name: Steen Dalby Kristensen

Manuscript title: Kronisk lukkede kranspulsårer – en terapeutisk udfordring

Manuscript number (if known):

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