# ICMJE DISCLOSURE FORM

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Date: 20. januar 2023				
Your name: Gry Tordrup				
Manuscript title: Listeria sepsis hos 6-årig pige				
Manuscript number (if known): UFL-11-22-0742				

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

Tim	e frame: Since the initial plar	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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	⊠ None	

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Tim	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None     Non		

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

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

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Date: 20. januar 2023				
Your name: Dennis Back Holmgaard				
Manuscript title: Listeria sepsis hos 6-årig pige				
Manuscript number (if known): UFL-11-22-0742				

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	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None     Non		

4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
	oddodional ovolito		
6	Payment for expert	None     Non	
	testimony		
7	Support for attending	None     Non	
	meetings and/or travel		
8	Patents planned, issued or	☑ None	
	pending		
9	Participation on a Data	None     Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None     Non	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
	1		
11	Stock or stock options	None     Non	
12	Receipt of equipment,	None     Non	
	materials, drugs, medical writing, gifts or other		
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<b>Date</b> : 20. januar 2023				
Your name: Maren Johanne Heilskov Rytter				
Manuscript title: Listeria sepsis hos 6-årig pige				
Manuscript number (if known): UFL-11-22-0742				

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3	Royalties or licenses	<b>⊠</b> None		

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