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**Date:** Klik eller tryk for at angive en dato. 02/01 - 2024

**Your name:** DANIEL KONDIELLA

**Manuscript title:** SYFILIS som ÅRSAG...

**Manuscript number (if known):** UFL-10-23-0661

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.

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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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Date: 05/01/2024

Your name: Stefan Cobanovic

Manuscript title: Syfilis som årsag til iskæmisk apopleksi

Manuscript number (if known): UFL-10-23-0661

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Date: Klik eller tryk for at angive en dato. 04.01.2024

Your name: STEVEN HAUGLØV

Manuscript title: SYFILIS SOM ÅRSAG TIL ISKÆMISK APOPLEKSI

Manuscript number (if known): UFL-10-23-0661

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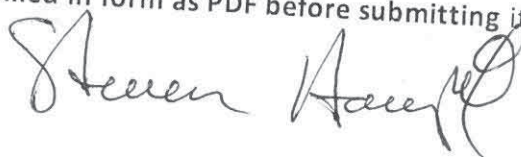
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**Date:** 4. januar 2024

**Your name:** Lasse Willer

**Manuscript title:** Syfilis som årsag til iskæmisk apopleksi

**Manuscript number (if known):** UFL-10-23-0661

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