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You	r name: Ann Marlene Gr	am Kjærulff	
Mar	nuscript title: Periton	nsillar abscess Assessment To	ool
Mar	nuscript number (if known):	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency a relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
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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 Non
8	Patents planned, issued or pending	⊠ 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
11	Stock or stock options	None Non
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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Mar	nuscript title: Periton	sillar abscess Assessment To	ool
Mar	nuscript number (if known)):	
are re third comr list a The f	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Discriptions of the current o
The a perta antih In ite	nuthor's relationships/activ lins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no oort for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
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Time	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses		

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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Dat	e: 7. januar 2024		
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Maı	nuscript title: Periton	sillar abscess Assessment T	ool
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perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup r items, the time frame for	•	d in this manuscript without time limit. For all months.
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Time	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	□ None	I received funding from The Lundbeck Foundation (Grant #185-2014-2482) for research in throat infections during the years 2015-2022
	etc.)		
	etc.) No time limit for this		
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4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None Non	
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board	None Non	
	or Advisory Board		
	-		
10	Leadership or fiduciary role in other board,	None Non	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other services		
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13	Other financial or non- financial interests	None Non	
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