

# ICMJE DISCLOSURE FORM

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**Date:** 6. november 2023

**Your name:** Daniel Bomark

**Manuscript title:** P. aeruginosa infektion i ulna, en sjælden bivirkning efter arteriepunktur

**Manuscript number (if known):** UFL-10-23-0681

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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:** 6. november 2023

**Your name:** Jesper Fabrin

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**Date:** 6. november 2023

**Your name:** Michala Skovlund Sørensen

**Manuscript title:** P. aeruginosa infektion i ulna, en sjælden bivirkning efter arteriepunktur

**Manuscript number (if known):** UFL-10-23-0681

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