

ICMJE DISCLOSURE FORM

Date: 3/10/2024

Your Name: Linette Yde Hansen

Manuscript Title: Validation of the RAPID score in a Danish population with pleural infection

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/10/2024

Your Name: Casper Falster

Manuscript Title: Validation of the RAPID score in a Danish population with pleural infection

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 3/10/2024

Your Name: Eihab Bedawi

Manuscript Title: Validation of the RAPID score in a Danish population with pleural infection

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 3/10/2024

Your Name: Rahul Bhatnagar

Manuscript Title: Validation of the RAPID score in a Danish population with pleural infection

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: Uffe Bodtger

Manuscript Title: Validation of the RAPID score in a Danish population with pleural infection

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Date: 3/10/2024

Your Name: Christian B. Laursen

Manuscript Title: Validation of the RAPID score in a Danish population with pleural infection

Manuscript Number (if known): [Click or tap here to enter text.](#)

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