

ICMJE DISCLOSURE FORM

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Date: 6. januar 2025

Your name: Lene Lund Andersen

Manuscript title: Heterotop graviditet efter naturlig konception

Manuscript number (if known): UFL-12-24-0916

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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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Time frame: past 36 months

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 8. januar 2025

Your name: Malin Nylander

Manuscript title: Heterotop graviditet efter naturlig konception

Manuscript number (if known): UFL-12-24-0916

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Date: 14. januar 2025

Your name: Marlene Mohr

Manuscript title: Heterotop graviditet efter naturlig konception

Manuscript number (if known): UFL-12-24-0916

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