

# ICMJE DISCLOSURE FORM

**Date:** 2/9/2023

**Your Name:** Jannie Bisgaard

**Manuscript Title:** Outpatient Acute Pain Service in trauma and orthopedic surgery - The first 5 years' experiences

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

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<b>Time frame: Since the initial planning of the work</b>								
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# ICMJE DISCLOSURE FORM

**Date:** 12022022

**Your Name:** Simone Høstgaard

**Manuscript Title:** Outpatient Acute Pain Service in trauma and orthopedic surgery- The first 5 years' experiences

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**Date:** 2/9/2023

**Your Name:** Claus Bredahl

**Manuscript Title:** Outpatient acute pain service in trauma and orthopedic surgery

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