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**Date:** 4. januar 2024

**Your name:** Lasse Cramer Ahrens

**Manuscript title:** Fjeder kraniotomi til børn med kraniosynostose

**Manuscript number (if known):** UFL-12-23-0791

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <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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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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**Date:** 4. januar 2024

**Your name:** Gorm von Oettingen

**Manuscript title:** Fjeder kraniotomi til børn med kraniosynostose

**Manuscript number (if known):** UFL-12-23-0791

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Date: 4. januar 2024

Your name: Torben Skovbo Jensen

Manuscript title: Fjeder kraniotomi til børn med kraniosynostose

Manuscript number (if known): UFL-12-23-0791

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Date: 4. januar 2024

Your name: Sven Erik Nørholt

Manuscript title: Fjeder kraniotomi til børn med kraniosynostose

Manuscript number (if known): UFL-12-23-0791

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**Date:** 28. januar 2024

**Your name:** Johan Blomlöf

**Manuscript title:** Fjeder kraniotomi til børn med kraniosynostose

**Manuscript number (if known):** UFL-12-23-0791

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Date: Klik eller tryk for at angive en dato.

6/3 2024

Your name: SIGNE SPARRE RICHTELSEN

Manuscript title: Fjeder kraniotomi til børn med kraniosynostose

Manuscript number (if known): UFL-12-23-0791

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None            |                                  |
|   |  |  | Research grant to my institution |
| 3 | Royalties or licenses  | <input checked="" type="checkbox"/> None |                                  |
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Date: 10. januar 2024

Your name: Brian Nauheimer Andersen, overlæge

Manuscript title: Fjeder kraniotomi til børn med kraniosynostose

Manuscript number (if known): UFL-12-23-0791

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| Time frame: Since the initial planning of the work |   |   |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None  |
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| Time frame: past 36 months |  |  |
| 2                          | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |
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| 3                          | Royalties or licenses  | <input checked="" type="checkbox"/> None |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <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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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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Date: 4. januar 2024

Your name: Baskaran Ketharanathan

Manuscript title: Fjeder kraniotomi til børn med kraniosynostose

Manuscript number (if known): UFL-12-23-0791

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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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br>No time limit for this item. | <input checked="" type="checkbox"/> None   |   |
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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None |  |
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