

ICMJE DISCLOSURE FORM

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Date: 5. april 2023

Your name: Carina Kirstine Klarskov

Manuscript title: **Tatoverings-associeret sarkoidose fra et nuklearmedicinsk perspektiv**

Manuscript number (if known):

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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Your name: Marianne Dreyer

Manuscript title: Tatoverings-associeret sarkoidose fra et nuklearmedicinsk perspektiv

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Date: 5. april 2023

Your name: Louise Schouborg Brinth

Manuscript title: **Tatoverings-associeret sarkoidose fra et nuklearmedicinsk perspektiv**

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