ICMJE DISCLOSURE FORM

Dat	e: 21. april 2023			
Your name: Mohsin Aslam				
Ma	Manuscript title: Kronisk emfysematøs osteomyelitis - en sjælden luftproducerende infektion			
Ma	nuscript number (if known)	: UFL-03-23-0184		
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The author's relationships/activities/interests should be <u>defined broadly</u> . 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. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
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	testimony	ESTAGLIC	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board or	⊠ None	
	Advisory Board		
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10	Leadership or fiduciary role in other board, society,	None Non	
	committee or advocacy group, paid or unpaid		
<u> </u>			
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-	⊠ None	
	financial interests	2 110110	

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Da	te: Klik eller tryk for at angiv	e en dato. 03.04. 20	23
Yo	urname: Simona	Gentile	
Ma	anuscript title: Kronisi	k emfysematøs osteomyelitis	- en sjælden luftproducerende infektion
Ma	anuscript number (if known): UFL-03-23-0184	
thi	e related to the content of y rd parties whose interests n	our manuscript. "Related" nay be affected by the cor and does not necessarily i	Il relationships/activities/interests listed below that 'means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
per ant	rtains to the epidemiology of tihypertensive medication, o	of hypertension, you should even if that medication is opport for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript. ed in this manuscript without time limit. For all months.
		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)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Tim	e frame: past 36 months		Click TAB in last row to add extra rows
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ None
11	Stock or stock options	☑ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	⊠ None

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Dat	e : 2. april 2023			
Your name: Per Boye Hansen				
Mai	nuscript title: Kronisk	emfysematøs osteomyelitis -	en sjælden luftproducerende infektion	
Mai	nuscript number (if known)	: UFL-03-23-0184		
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4	Consulting fees	x□ None	
5	Payment or honoraria for	x□ None	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events		
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6	Payment for expert testimony	x□ None	
	testimony		
7	Support for attending	x□ None	
	meetings and/or travel		
8	Patents planned, issued or	x□ None	
	pending		
9	Participation on a Data	x□ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x□ None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
	group, paid or dripaid		
11	Stock or stock options	x□ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x□ None	
13	Other financial or non- financial interests	x□ None	
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