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Date: 25. april 2024			
Your name: Julie Dybdal			
Manuscript title:	Manuscript title: fasciitis plantaris – optimal diagnostik og behandling		
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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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.

Tim	e frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		

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	2 Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
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   Image: Second
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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Date: 25. april 2024				
Your name: Rasmu	s Cleemann			
Manuscript title:	Manuscript title: Plantar fasciitis – Optimal diagnostik og behandling			
Manuscript number (if known):				

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	any entity (if not indicated		
	in item #1 above).		
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   Arthrex Europe Munich Foot & Ankle Course 2 <sup>nd</sup> -4 <sup>th</sup> February 2023	)23
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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Date: 24. april 2024			
Your name:	Dur name: Jonathan Jetsmark Bjerre-Bastos		
Manuscript ti	Manuscript title: Fasciitis plantaris - optimal diagnostik og behandling.		
Manuscript n	umber (if known): UFL-01-24-0028		

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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.) <b>No time limit for this item.</b>	X 🗆 None	

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	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X 🗆 None	

4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X I None	

6 Pa	Payment for expert	X INONE	
	testimony		

7	Support for attending meetings and/or travel	X I None	

8	Patents planned, issued or	X None	
	pending		

9	Participation on a Data	X I None	
	Safety Monitoring Board or		
	Advisory Board		

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

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11Stock or stock options $X \Box$ None

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-	X II None	
	financial interests		

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Date: 220424				
Your name: Finn Johannsen				
Manuscript title:   Fasciitis plantaris – optimal diagnostik og behandling				
Manuscript number (if known):				

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	article processing charges, etc.)		
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2	Grants or contracts from	⊠ None	
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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   Image: Second
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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