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Date: 5. februar 2025
Vournamo
Your name: Imran Jamal Iversen
Manuscript title: Discharge criteria after pulmonary surgery – A Danish nationwide
Manuscript number (if known):
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that

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your

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Tim	Time frame: past 36 months			
2	Grants or contracts from	None Non		
	any entity (if not indicated			
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3	Royalties or licenses	None Non		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Dayticination on a Data 57 N		
7	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	M None	
13	financial interests	None Non	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 08.05.2025	V			
You	r name: Bo Laksáfoss	Holbek —			
	Manuscript title: Discharge criteria after pulmonary surgery – A Danish nationwide Delphi survey				
Mai	nuscript number (if known): UFL-04-25-0304			
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	r items, the time frame for		·		
		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)		
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	x None			
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Time	e frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None			
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	Speaker's fee for Medela AG	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
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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You	r name: Movel				
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Mai	nuscript number (if know	n): UFL-04-25-0304			
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perta	ins to the epidemiology o	of hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of mentioned in the manuscript.		
	·	oport for the work reported or disclosure is the past 36 i	d 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 pla	nning of the work			
1	All support for the present	x None			
	manuscript (e.g., funding,				
	provision of study materials, medical writing,				
	article processing charges,				
	etc.)				
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2	Grants or contracts from	x None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	x None			
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Date: 08.05.2025

4	Consulting fees	ulting fees x None	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	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		
	or Advisory Board		
10	Leadership or fiduciary	x None	
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	advocacy group, paid or		
	unpaid		
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11	Stock or stock options	x None	
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12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
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13	non-financial interests	x None	

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Date	9: 08.05.2025			
You	r name:			
	Manuscript title Anni Germann Naibierg after pulmonary surgery – A Danish nationwide Delphi survey			
	nuscript number (if known): UFL-04-25-0304		
are re third comr list a	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" i ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to u do so.	
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perta antih	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n	lefined broadly. For example, if your manuscript I declare all relationships with manufacturers of ot 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.			
		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)	
Time	e frame: Since the initial plan	•		
1	All support for the present manuscript (e.g., funding,	x None		
	provision of study			
	materials, medical writing, article processing charges,			
	etc.)			
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	item.			
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2	Grants or contracts from any entity (if not indicated	x None		
	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	x None	
	educational events		
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data	x None	
	Safety Monitoring Board or Advisory Board		
	or riarisory board		
10	Leadership or fiduciary role in other board,	x None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or	x None	
	non-financial interests		

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You	urname: Finn Amus	ndsen Dittber	ner
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Ma	nuscript number (if known): UFL-04-25-0304	
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	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
pert	tains to the epidemiology of	f hypertension, you shoul	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript.
	em #1 below, report all sup er items, the time frame for		d 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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None	
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Tim	ne frame; past 36 months		
2	Grants or contracts from any entity (if not indicated	x None	
	in item #1 above).		
3	in item #1 above). 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 None	
6	Payment for expert testimony	X None	
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7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
		A None	
9	Double and Date	Lun	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	X None	
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11		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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