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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	None None None	Click TAB in last row to add extra rows
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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

Please place an "X" next to the following statement to indicate your agreement:

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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Date	e : 24. maj 2023		
	Ir name: Anne Holm		
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2	Grants or contracts from	None Non	
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3	Royalties or licenses	None Non	

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Date	e: 21. maj 2023		
You	r name: Anne Frølich		
Mar	nuscript title: Organis	sation af sundhedsvæsenet v	ved multisygdom
Mar	nuscript number (if known)):	
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1	All support for the present	None Non	
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