

ICMJE DISCLOSURE FORM

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Date: 14. juni 2024

Your name: Stephanie Bøgely Bækgaard Olsen

Manuscript title: Obsessiv-kompulsiv lidelse og spiseforstyrrelser

Manuscript number (if known):

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		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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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Date: 24. februar 2021

Your name: Per Sigvardsen

Manuscript title: Obsessiv-kompulsiv lidelse og spiseforstyrrelser

Manuscript number (if known): UFL-03-24-0199

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