

ICMJE DISCLOSURE FORM

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Date: 1. august 2023

Your name: Thomas Bjarnsholt

Manuscript title: Anbefaling for prøvetagning og diagnostik for ortopædkirurgiske infektioner

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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Date: Klik eller tryk for at angive en dato.

Your name: Hans Gottlieb

Manuscript title: Anbefaling for prøvetagning og diagnostik for ortopædkirurgiske

Manuscript number (if known): unknown

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Date: 1. august 2023

Your name: Helle Westergren Hendel

Manuscript title: Anbefaling for prøvetagning og diagnostik for ortopædkirurgiske

Manuscript number (if known): not known

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Date: 7. august 2023

Your name: Claus Moser

Manuscript title: Anbefaling for prøvetagning og diagnostik for ortopædkirurgiske infektioner

Manuscript number (if known):

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Date: Klik eller tryk for at angive en dato. 30.08.2023

Your name: A. ODGAARD

Manuscript title: ANBEFALING FOR TRØVETAGN.

Manuscript number (if known):

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