Date	e: 6. juli 2023			
You	r name: Inger Birgitte H	avsteen		
Mar	Manuscript title: Arteria spinalis anterior steal symptomer hos patient med iskæmisk			
Mar	nuscript number (if known): UFL-05-23-0300		
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4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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

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Date	e: 6. juli 2023		
Your name: Jonas Peter Eiberg			
Mar	nuscript title: Arto	eria spinalis anterior s	teal symptomer hos patient med iskæmisk
Mar	nuscript number (if known)): UFL-05-23-0300	
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Time	e frame: Since the initial plan		
1	All support for the present	None Non	
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2	Grants or contracts from	⊠ Nono	
2	any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses		

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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

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Date	e: 6. juli 2023				
You	r name: Nina Harup Rav	n			
Mar	Manuscript title: Arteria spinalis anterior steal symptomer hos patient med iskæmisk				
Mar	nuscript number (if known): UFL-05-23-0300			
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	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
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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)		
Time	e frame: Since the initial plan				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None 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).	None			
3 Royalties or licenses ☑ None					

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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

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Date	e: 6. juli 2023		
You	r name: Per Meden		
Mar	nuscript title: Art	teria spinalis anterior s	teal symptomer hos patient med iskæmisk
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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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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4	Consulting fees	None Non	
5	Payment or honoraria for		
5	lectures, presentations, speakers bureaus, manuscript writing or	⊠ None	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None Non	
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	3		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or advocacy group, paid or unpaid		
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11	Stock or stock options	None Non	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None Non	
	financial interests		

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