

# ICMJE DISCLOSURE FORM

**Date:** 6/22/2024

**Your Name:** Bodil Gade Hornstrup

**Manuscript Title:** Nutritional assessment of hemodialysis patients by bioimpedance spectroscopy and body mass index

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 6/28/2024

**Your Name:** Jesper Nørgaard Bech

**Manuscript Title:** Nutritional assessment of hemodialysis patients by bioimpedance spectroscopy and body mass index

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Your Name:** Kezia Thorsted McWhan

**Manuscript Title:** Nutritional assessment of hemodialysis patients by bioimpedance spectroscopy and body mass index

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