

ICMJE DISCLOSURE FORM

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Date: 24.08.2023 Klik eller tryk for at angive en dato.

Your name: Mette Midttun

Manuscript title: **Clinical Characteristics of Cellulitis and the Use of**

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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		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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Time frame: past 36 months

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

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Date: 8. oktober 2023

Your name: Mia Nielsen

Manuscript title: **Clinical Characteristics of Cellulitis and the Use of Compression Therapy**

Manuscript number (if known):

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