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Ma	nuscript title: Intra	tekal morfinbehand	ling af kroniske maligne smerter
Ma	nuscript 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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4	Consulting fees	□ None
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7	Support for attending meetings and/or travel	□ None
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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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	meetings and/or travel	MEDTRONIC		
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	pending			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠None		
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	or Advisory Board	
10	Leadership or fiduciary	☑ None
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