

ICMJE DISCLOSURE FORM

Date: 8/28/2023

Your Name: Mike Mikkelsen Lorenzen

Manuscript Title: Rekonstruktion med en fri mikrovaskulær latissimus dorsi lap efter kompliceret perianal fistulering

Manuscript Number (if known): UFL-04-23-0268

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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: 8/28/2023

Your Name: Birgitte Jul Kiil

Manuscript Title: Rekonstruktion med en fri mikrovaskulær latissimus dorsi lap efter kompliceret perianal fistulering

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Date: 8/28/2023

Your Name: Anders Peder Mikael Ikander

Manuscript Title: Rekonstruktion med en fri mikrovaskulær latissimus dorsi lap efter kompliceret perianal fistulering

Manuscript Number (if known): UFL-04-23-0268

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