Date	e: 7. august 2024		
You	r name: Signe Grønborg	Thomsen	
Maı	nuscript title: Bløden	de hjørnegraviditet hos kvin	de med tidligere samsidig salpingektomi
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			relationships/activities/interests listed below that
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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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	m #1 below, report all sup r items, the time frame for		d in this manuscript without time limit. For all months.
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 7. august 2024		
You	r name: Carsten Lindber	g Fagö-Olsen	
Mai	nuscript title: Bløden	de hjørnegraviditet hos kvin	de med tidligere samsidig salpingektomi
	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)
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	None Non	
	item.		
			Click TAB in last row to add extra rows
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		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 7. august 2024			
You	Your name: Caroline Pehrson			
Mar	Manuscript title: Blødende hjørnegraviditet hos kvinde med tidligere samsidig salpingektomi			
Mar	nuscript number (if known):		
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Time	e frame: Since the initial plan			
1	All support for the present	None Non		
	manuscript (e.g., funding,			
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	article processing charges, etc.)			
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2	Grants or contracts from	None Non		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	None Non		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: Klik eller tryk for at angive	e en dato. 22.8.2024	
You	r name: Sofie Leisby Anto	onsen	
Mai	nuscript title: Blødende hjø	rnegraviditet hos kvinde med	d tidligere samsidig salpingektomi
Mai	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)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present	☑ None	
	manuscript (e.g., funding, provision of study		
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2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	■ None	

4	Consulting fees	☑ None			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	■ None			
	educational events				
6	Payment for expert	None Non			
	testimony				
7	Support for attending	■ None			
	meetings and/or travel				
8	Patents planned, issued or				
	pending	ZA NOTIC			
9	Participation on a Data Safety Monitoring Board				
	or Advisory Board				
10	Leadership or fiduciary	None			
	role in other board, society, committee or				
	advocacy group, paid or unpaid				
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11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other services				
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13	Other financial or non-	■ None			
	financial interests				

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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