

# ICMJE DISCLOSURE FORM

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**Date:** 8. august 2024

**Your name:** Mathilde Mussmann von Arenstorff

**Manuscript title:** Selv-enukleation hos psykiatrisk patient

**Manuscript number (if known):** UFL-06-24-0431

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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Date: 8. august 2024

Your name: Marie Louise Roed Rasmussen

Manuscript title: Selv-enukleation hos psykiatrisk patient

Manuscript number (if known): UFL-06-24-0431

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Santen	Lecture fee
		Louis Nielsen	Lecture fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Santen	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		SOE	Chair of educational committee
		Ophthalmic foundation	Accreditation committee
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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