

# ICMJE DISCLOSURE FORM

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Date: 18. september 2023

Your name: Pernille Kristiansen

Manuscript title: Bronkoskopisk udredning af perifere lungeinfiltrater

Manuscript 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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<b>Time frame: past 36 months</b>			
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4	Consulting fees	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Date: 19. september 2023

Your name: Søren Helbo Skaarup

Manuscript title: Bronkoskopisk udredning af perifere infiltrater

Manuscript number (if known):

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Date: 18. september 2023

Your name: RANA BIBI

Manuscript title: Bronkoskopisk udredning af perifere lungeinfiltrater

Manuscript number (if known):

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Date: 20. september 2023

Your name: Amanda Dandanell Juul

Manuscript title: Bronkoskopisk udredning af perifere infiltrater

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Date: 18. september 2023

Your name: Uffe Bødtger

Manuscript title: Bronkoskopisk udredning af perifere lungeinfiltrater

Manuscript number (if known): n/a

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Date: 20. september 2023

Your name: Arman Arshad

Manuscript title: Bronkoskopisk udredning af perifere infiltrater

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		AMBU A / S	External consultant. Private payments
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