

# ICMJE DISCLOSURE FORM

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**Date:** 26. september 2023

**Your name:** Jesper Koefod Petersen

**Manuscript title:** Moderne diagnostik og behandling af pleurasygdomme

**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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Date: 13. september 2023

Your name: Søren Helbo Skaarup

Manuscript title: Moderne diagnostik og behandling af pleurasygdomme

Manuscript number (if known):

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Date: 26. september 2023

Your name: Casper Jensen

Manuscript title: Moderne diagnostik og behandling af pleurasygdomme

Manuscript number (if known):

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Date: 26. september 2023

Your name: Katrine Fjællegaard

Manuscript title: Moderne diagnostik og behandling af pleurasygdomme

Manuscript number (if known):

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Date: 25. september 2023

Your name: Uffe Bødtger

Manuscript title: Moderne diagnostik og behandling af pleurasygdomme

Manuscript number (if known):

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Date: 25. september 2023

Your name: Daniel Bech Rasmussen

Manuscript title: Moderne diagnostik og behandling af pleurasygdomme

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Date: 20. september 2023

Your name: Christian B. Laursen

Manuscript title: Moderne diagnostik og behandling af pleurasygdomme

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		Munksgaard	Royalties as author / editor

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AstraZeneca A/S	Honoraria for lectures
		Chiesi Pharma	Honorarium for lecture
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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