

ICMJE DISCLOSURE FORM

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Date: 07.10.24.

Your name: Anne-johanne Andersen

Manuscript title: Pemphigoid gestationis

Manuscript number (if known): UFL-09-24-061

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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Date: Klik eller tryk her at [update date](#) August 2024

Your name: HENRIK LORENTZEN

Manuscript title: Pemphigoid gestationis

Manuscript number (if known): _____

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Date: 3/10-2024

Your name: SHAILAJAH KAMALESWARAN

Manuscript title: Pemphigoid gestationis

Manuscript number (if known): UFL-09-24-061

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Date: 4/10/2024

Your name: HENRIK THORMANN

Manuscript title: Pemphigoid gestationis

Manuscript number (if known): UFL-09-24-061

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