

ICMJE DISCLOSURE FORM

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Date: 10. september 2024

Your name: Sara Vester Hald

Manuscript title: Syfilis som årsag til intrauterin fosterdød

Manuscript number (if known): UFL-08-24-0520

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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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Date: 10. september 2024

Your name: Eva Hauge

Manuscript title: Syfilis som årsag til intrauterin fosterdød

Manuscript number (if known): UFL-08-24-0520

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