

ICMJE DISCLOSURE FORM

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Date: 2. oktober 2023

Your name: Carolina Maria Helena Hilton

Manuscript title: Translation and validation of the Parotidectomy Outcome Inventory 8 (POI-8) into Danish

Manuscript number (if known):

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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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Time frame: past 36 months

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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Date: 22. september 2023

Your name: Tejs Ehlers Klug

Manuscript title: Translation and validation of the Parotidectomy Outcome Inventory 8 (POI-8) into Danish

Manuscript number (if known):

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Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 29. september 2023

Your name: Lars Morsø

Manuscript title: Translation and validation of the Parotidectomy Outcome Inventory 8 (POI-8) into Danish

Manuscript number (if known):

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Date: 2. oktober 2023

Your name: Jakob Foghsgaard

Manuscript title: Translation and validation of the Parotidectomy Outcome Inventory 8 (POI-8) into Danish

Manuscript number (if known):

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