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You	<b>r name</b> : Marie Nørredam	1	
Mar	nuscript title: General practi	tioners' assessment of Ukrai	nian refugees arriving to Denmark: from policy to
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2	Grants or contracts from	None	
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3	Royalties or licenses	None     Non	

4	Consulting fees	☑ None			
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None     Non			
	manuscript writing or				
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6	Payment for expert testimony	None     Non			
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7	Support for attending meetings and/or travel	None     Non			
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8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None     Non			
	Safety Monitoring Board or Advisory Board				
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10	Leadership or fiduciary	None     Non			
	role in other board, society, committee or				
	advocacy group, paid or				
	unpaid				
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11	Stock or stock options	None     Non			
12	Receipt of equipment,	None     Non			
	materials, drugs, medical writing, gifts or other				
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	Ir name: Viktoriia Veresh		
Ma	nuscript title: General practi	tioners' assessment of Ukrai	nian refugees arriving to Denmark: from policy to
Ma	nuscript number (if known	):	
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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Date	e: 2. september 2024		
You	r name: Maria Marti Cas	taner	
Maı	nuscript title:		
Mar	nuscript 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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	materials, medical writing,		
	article processing charges, etc.)		
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4	Consulting fees	☑ None			
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None     Non			
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8	Patents planned, issued or	None			
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9	Participation on a Data	None     Non			
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	role in other board, society, committee or				
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12	Receipt of equipment,	None     Non			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	None     Non			
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Date	<b>e</b> : 31.08.2024			
You	r name: Anne-Marie S	chönemann		
	<b>nuscript title</b> : Gene ractice	eral practitioners' assessment (	of Ukrainian refugees arriving to Denmark: from policy	
Mai	nuscript number (if know	/n):		
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The a perta antih In ite	The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.)  No time limit for this item.	,		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	x□ None		
3	Royalties or licenses	x□ None		

4	Consulting fees	x□ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x□ None
6	Payment for expert testimony	x□ None
7	Support for attending meetings and/or travel	x□ None
8	Patents planned, issued or pending	x□ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	x□ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x□ None
11	Stock or stock options	x□ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x□ None
13	Other financial or non-financial interests	x□ None

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