

ICMJE DISCLOSURE FORM

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Date: 01-10-24

Your name: Dimitrios J. Zavrakidis

Manuscript title: Pseudoaneurisme i arteria temporalis behandlet med ultralydsvejledte perkutane trombin

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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		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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		Baxter International Inc.	Tisseel komb. made by Baxter was used to treat the patient. No support was given by the company.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Your name: Lea Westphal Laursen

Manuscript title: Pseudoaneurisme i arteria temporalis behandlet med ultralydsvejledte perkutane trombin

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Your name: Malek Tumeh

Manuscript title: Pseudoaneurisme i arteria temporalis behandlet med ultralydsvejledte perkutane trombin

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