

ICMJE DISCLOSURE FORM

Date: 10/11/2022

Your Name: Laura Marie Dines

Manuscript Title: Onkoplastisk brystkirurgi: forbedret behandlingstilbud til patienter med brystkræft

Manuscript Number (if known): UFL-08-22-0486

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.

The author's relationships/activities/interests should be defined broadly. 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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/24/2022

Your Name: Anne Kristine Larsen Stellander

Manuscript Title: Onkoplastisk Brystkirurgi: forbedret behandlingstilbud til patienter med brystkræft

Manuscript Number (if known): UFL-08-22-0486

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ICMJE DISCLOSURE FORM

Date: 10/12/2022

Your Name: Michael Rose

Manuscript Title: Onkoplastisk brystkirurgi: forbedret behandlingstilbud til patienter med brystkræft

Manuscript Number (if known): UFL-08-22-0486

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ICMJE DISCLOSURE FORM

Date: 10/31/2022

Your Name: Volker Jürgen Schmidt

Manuscript Title: Onkoplastisk brystkirurgi: forbedret behandlingstilbud til patienter med brystkræft

Manuscript Number (if known): UFL-08-22-0486

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