

ICMJE DISCLOSURE FORM

Date: 12/1/2025

Your Name: Dorte Ejg Jarbøl

Manuscript Title: Senfølger I Almen Praksis

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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Date: 12/1/2025

Your Name: Jens Søndergaard

Manuscript Title: Senfølger I Almen Praksis

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Date: 12/1/2025

Your Name: Lisa Maria Sele Sætre

Manuscript Title: Senfølger I Almen Praksis

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