

ICMJE DISCLOSURE FORM

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Date: 24. marts 2021

Your name: Mads Juhl Guldager

Manuscript title: Orbitalt Kompartmentsyndrom

Manuscript number (if known): Unknown

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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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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: 24. februar 2021

Your name: Adam Elias Brøndsted

Manuscript title: Orbitalt Kompartmentsyndrom

Manuscript number (if known): Unknown

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Date: 23. marts 2021

Your name: Mikkel Christain Alanin

Manuscript title: Orbitalt Kompartmentsyndrom

Manuscript number (if known): Unknown

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