ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. **Identifying information.**

   Enter your full name. If you are NOT the corresponding author please check the box “no” and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1. Identifying Information

1. Given Name (First Name)
   Charlotte Runge

2. Surname (Last Name)
   Sørensen

3. Effective Date (07-August-2008)
   21-December-2011

4. Are you the corresponding author?  
   [ ] Yes  [✔] No

   Corresponding Author’s Name
   Erik Sloth

5. Manuscript Title
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Jens Kristian

2. Surname (Last Name)  
Madsen

3. Effective Date (07-August-2008)  
21-December-2011

4. Are you the corresponding author?  
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Corresponding Author’s Name  
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   Frank

2. Surname (Last Name)  
   Schmidt

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