

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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) Kristian	2. Surname (Last Name) Kraglund	3. Effective Date (07-August-2008) 28-October-2011
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Erik Lerkevang Grove
5. Manuscript Title Antikoagulationsbehandling og apopleksi		
6. Manuscript Identifying Number (if you know it) UFL-10-11-0467		

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1. Given Name (First Name) Steen	2. Surname (Last Name) Husted	3. Effective Date (07-August-2008) 17-October-2011
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Erik Lerkevang Grove
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Erik
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Grove
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