

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Annie	2. Surname (Last Name) Juncher	3. Date 09-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ellen Holm
5. Manuscript Title Diagnostiske udfordringer ved feber af ukendt årsag hos ældre		
6. Manuscript Identifying Number (if you know it) ufl-06-13-0395		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Juncher has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ellen

2. Surname (Last Name)
Holm

3. Date
09-September-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diagnostiske udfordringer ved feber af ukendt årsag hos ældre

6. Manuscript Identifying Number (if you know it)
ufl-06-13-0395

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Dr. Holm has nothing to disclose.

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1. Given Name (First Name) Hanne	2. Surname (Last Name) Pedersen	3. Date 09-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ellen Holm
5. Manuscript Title Diagnostiske udfordringer ved feber af ukendt årsag hos ældre		
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Dr. Pedersen has nothing to disclose.

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1. Given Name (First Name) Joanna	2. Surname (Last Name) Drozdowska	3. Date 09-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ellen Holm
5. Manuscript Title Diagnostiske udfordringer ved feber af ukendt årsag hos ældre		
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Dr. Zajworoniuk-Wlodarczyka has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tina

2. Surname (Last Name)

Carlsen

3. Date

09-September-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ellen Holm

5. Manuscript Title

Diagnostiske udfordringer ved feber af ukendt årsag hos ældre

6. Manuscript Identifying Number (if you know it)

ufl-06-13-0395

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Carlsen has nothing to disclose.

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