

## 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.

#### 2. The work under consideration for publication.

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Erik Sloth
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1. Given Name (First Name) Jens Kristian	2. Surname (Last Name) Madsen	3. Effective Date (07-August-2008) 21-December-2011
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Erik Sloth
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