

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Niels	2. Surname (Last Name) Qvist	3. Date 19-May-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Helen Schultz
5. Manuscript Title Acute abdomen. Specialists at the hospital front-end decreases time to a plan for treatment		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)
Christian Backer

2. Surname (Last Name)
Mogensen

3. Date
19-May-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Helen Schultz

5. Manuscript Title

Acute abdomen. Specialists at the hospital front-end decreases time to a plan for treatment

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Helen

2. Surname (Last Name)
Schultz

3. Date
19-May-2013

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