

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) Line
2. Surname (Last Name) Kessel
3. Date 18-January-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
National klinisk retningslinje og visitationsretningslinje for behandling af aldersbetinget grå stær

6. Manuscript Identifying Number (if you know it)

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Dr. Kessel 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)
Ditte

2. Surname (Last Name)
Erngaard

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Line Kessel

5. Manuscript Title

National klinisk retningslinje og visitationsretningslinje for behandling af aldersbetinget grå stær

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Dr. Erngaard. Has nothing to disclose

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1. Given Name (First Name)
Per

2. Surname (Last Name)
Flesner

3. Date
20-January-2014

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Yes No

Corresponding Author's Name
Line Kessel

5. Manuscript Title

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