



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

HENNING

2. Surname (Last Name)

LAURSEN

3. Date

2/10/13

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Akut optisk behagars- og intensivafdeling

6. Manuscript Identifying Number (if you know it)

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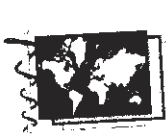
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Section 1. Identifying Information

1. Given Name (First Name) Janus	2. Surname (Last Name) Kaufmann Lindqvist	3. Date 24-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krisztina Benedek
5. Manuscript Title Akut opstået tetraparese i intensiv afdeling: Myopati med myosintab		
6. Manuscript Identifying Number (if you know it) UFL-10-13-0619		

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1. Given Name (First Name) Martin	2. Surname (Last Name) Lauritzen	3. Date 23-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krisztina Benedek
5. Manuscript Title Akut opstået tetraparese i intensiv afdeling: Myopati med myosintab		
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Benedek

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