

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)
Berit

2. Surname (Last Name)
Philbert

3. Date
05-March-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Thomas Hadberg Lynge

5. Manuscript Title
Brug af hjertestarter hos en 16-årig pige med genoplivet hjertestop

6. Manuscript Identifying Number (if you know it)

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Dr. Philbert has nothing to disclose.

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1. Given Name (First Name)

Bjarke

2. Surname (Last Name)

Risgaard

3. Date

05-March-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Thomas Hadberg Lyng

5. Manuscript Title

Brug af hjertestarter hos en 16-årig pige med genoplivet hjertestop

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Dr. Risgaard has nothing to disclose.

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1. Given Name (First Name)
Bo

2. Surname (Last Name)
Winkel

3. Date
05-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Thomas Hadberg Lyngø

5. Manuscript Title
Brug af hjertestarter hos en 16-årig pige med genoplivet hjertestop

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1. Given Name (First Name)

Jacob

2. Surname (Last Name)

Tfelt-Hansen

3. Date

05-March-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Thomas Hadberg Lynge

5. Manuscript Title

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Thomas

2. Surname (Last Name)

Lynge

3. Date

05-March-2014

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Yes No

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