

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Connie

2. Surname (Last Name)

Palle

3. Date

24-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Line Hupfeld

5. Manuscript Title

Metastaserende kutan adnekstumor

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Palle 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) Jais Oliver	2. Surname (Last Name) Berg	3. Date 12-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Line Hupfeld
5. Manuscript Title Metastaserende kutan adnekstumor		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Berg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Klaus

2. Surname (Last Name)
Kallenbach

3. Date
13-June-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Line Hupfeld

5. Manuscript Title
Metastasierende kutan adnekstumor

6. Manuscript Identifying Number (if you know it)

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I have no disclosures

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Section 1. Identifying Information

1. Given Name (First Name)

Line

2. Surname (Last Name)

Hupfeld

3. Date

19-June-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Metastaserende kutan adnekstumor

6. Manuscript Identifying Number (if you know it)

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Siri

2. Surname (Last Name)

Klausen

3. Date

17-June-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Metastaserende kutan adnekstumor

6. Manuscript Identifying Number (if you know it)

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