

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)

Rasmus Langelund

2. Surname (Last Name)

Jørgensen

3. Date

24-September-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

En cervikal thymuscyste er en sjælden årsag til en knude på halsen hos børn og unge

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stine	2. Surname (Last Name) Larsen	3. Date 14-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rasmus Langelund Jørgensen
5. Manuscript Title En cervical thymuscyste er en sjælden årsag til knude på halsen hos børn og unge		
6. Manuscript Identifying Number (if you know it)		

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Dr. Larsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mette	2. Surname (Last Name) Bay	3. Date 21-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rasmus Langelund Jørgensen
5. Manuscript Title En cervical thymuscyste er en sjælden årsag til en knude på halsen hos børn og unge		
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1. Given Name (First Name)
Christian

2. Surname (Last Name)
Godballe

3. Date
21-October-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Rasmus Langelund Jørgensen

5. Manuscript Title
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