

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Frederik

2. Surname (Last Name)

Winsløw

3. Date

12-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Per Meden

5. Manuscript Title

Kardielle myksomer og cerebrale aneurismer – en sjælden sammenhæng

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Winsløw has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Per

2. Surname (Last Name)
Meden

3. Date
12-June-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Kardielle myksomer og intrakranielle aneurismer- en sjælden sammenhæng

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Meden has nothing to disclose.

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1. Given Name (First Name)
Marie

2. Surname (Last Name)
Cortsen

3. Date
13-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Per Meden

5. Manuscript Title

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Derk

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Krieger

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12-June-2014

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Corresponding Author's Name
Per Meden

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