

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)
Thea

2. Surname (Last Name)
Vestergaard

3. Date
12-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Indikationen for behandling med warfarin bør altid fremgå eksplicit ved journalføring

6. Manuscript Identifying Number (if you know it)
UFL-07-14-0399

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Dr. Vestergaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bo	2. Surname (Last Name) Løfgren	3. Date 12-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thea Vestergaard
5. Manuscript Title Indikationen for behandling med warfarin bør altid fremgå eksplicit ved journalføring		
6. Manuscript Identifying Number (if you know it) UFL-07-14-0399		

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Dr. Løfgren has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Henrik Bjørnsgaard	2. Surname (Last Name) Madsen	3. Date 12-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thea Vestergaard
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1. Given Name (First Name)
Jonas Agerlund

2. Surname (Last Name)
Povlsen

3. Date
12-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Thea Vestergaard

5. Manuscript Title

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