

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)

Katrine

2. Surname (Last Name)

Schou-Jensen

3. Date

09-August-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Perforeret appendicit med fund af Enterobius vermicularis.

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Elena Nikolaevna	2. Surname (Last Name) Antipina	3. Date 09-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katrine Schou-Jensen
5. Manuscript Title Perforeret appendicit med fund af Enterobius vermicularis.		
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1. Given Name (First Name) Steffen Kirstein	2. Surname (Last Name) Brisling	3. Date 09-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katrine Schou-Jensen
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