

## 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) Daniel	2. Surname (Last Name) Kondziella	3. Date 27-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sequssuna Olsen
5. Manuscript Title Kys på halsen ender i iskæmisk apopleksi		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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no conflicts of interest related to this paper

### Evaluation and Feedback

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lydia	2. Surname (Last Name) Royen Damhave	3. Date 22-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sequssuna Olsen
5. Manuscript Title Kys på halsen ender i iskæmisk apopleksi		
6. Manuscript Identifying Number (if you know it)		

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Dr. Royen Damhave has nothing to disclose.

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1. Given Name (First Name)  
Sequssuna

2. Surname (Last Name)  
Olsen

3. Date  
22-January-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Kys på halsen ender i iskæmisk apopleksi

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Dr. Olsen has nothing to disclose.

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1. Given Name (First Name) Piotr	2. Surname (Last Name) Wojtek	3. Date 22-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sequssuna Olsen
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