



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Trine 2. Surname (Last Name) Jensen 3. Date 20-October-2013
4. Are you the corresponding author? Yes No Corresponding Author's Name Ulla Møller Weinreich
5. Manuscript Title Udredning af bronkilektaster og sinuitis – en billedrapportage
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.)? Yes No
- Are there any relevant conflicts of interest? Yes No

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Dr. Jensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name)
Paul Clausen

3. Date
21-October-2013

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Udredning af bronkiektaster og sinuitis – en billedrapportage

6. Manuscript Identifying Number (if you know it)

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Ulja Møller Weinreich

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Dr. Weinreich has nothing to disclose.

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1. Given Name (First Name) 2. Surname (Last Name)
Aage Kristian Olesen Alstrup

3. Date
20-October-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ulla Møller Weinreich

5. Manuscript Title
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Dr. Alstrup has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Majbritt	2. Surname (Last Name) Frost	3. Date 14-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ulla Møller Weinreich
5. Manuscript Title Recidiverende luftvejsinfektioner hos en 22-årig		
6. Manuscript Identifying Number (if you know it) vporg-65601		

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6. Manuscript Identifying Number (if you know it) vporg-65601		

Section 2. The Work Under Consideration for Publication

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