

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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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)

Bassam

2. Surname (Last Name)

Mahdi

3. Date

30-September-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Signe Bremholm ellebæk

5. Manuscript Title

Perivaskulær epiteloidcelle tumor (PECom) i leveren

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Mahdi has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Ole Steen

2. Surname (Last Name)
Bjerring

3. Date
08-September-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Signe Bremholm Ellebæk

5. Manuscript Title
Perivaskulær epiteloidcelle tumor (PECom) i hepar

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Signe Bremholm

2. Surname (Last Name)
Ellebæk

3. Date
01-September-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Perivaskulær epiteloidcelle tumor (PECom) i leveren

6. Manuscript Identifying Number (if you know it)

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Sönke

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Detlefsen

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Corresponding Author's Name

Signe Bremholm Rasmussen

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